



Therapeutic Contract and Office Policies

Probable Length of Services: Although some clients elect to pursue long-term in-depth treatment, many can be resolved within 12- 24 sessions. Of course, the success of any treatment depends on the motivation, willingness and dedication of the person being treated. For this reason, I can make no guarantees about treatment length or success.

Risk of Services: As with any change in your life, you should be aware that outcomes of therapy can be unpredictable. However, it has been my experience that the overwhelming majority of willing clients improve their situations through therapy. Treatment is intended to induce change in your life, and when this change occurs it may disrupt your accustomed manner of living and your relationships with others. You should also know that positive change takes work and you may be asked to try things that are difficult for you. Some people reach their goals fairly quickly and without much discomfort, while other need more time and feel more stress through the process. The experience of each individual is impossible to predict as each person has their own unique strengths and concerns. Therapy can also provoke feelings of affections and/or anger toward the therapist which will be addressed in session. Treatment

Termination: Treatment is entirely voluntary, and you have the right to terminate treatment at any time. I have the right to terminate therapy with you under the following conditions:

1. If I believe that therapy is no longer beneficial to you.
2. If you fail to follow recommended treatment repeatedly.
3. If I believe that you will be better served by another professional.
4. If you have not paid for at least two sessions, unless special arrangements have been made.
5. If your attendance is inconsistent; this may include cancellations, even with rescheduling, and no-shows.
6. If you fail to comply with the 24-hour clean and sober policy for more than two sessions.
7. You are seeing another therapist, and participating in treatment with me would jeopardize our relationship and work with that therapist. (If you are seeing another therapist I will require that you sign a consent form to release information so I can communicate with the other therapist).

Limits of Confidentiality: All information that you disclose to me within our sessions is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18), except for the following reasons:

1. Where there is a reasonable suspicion of child abuse, dependent adult abuse or elder adult abuse.
2. If you reveal to me that an alleged perpetrator is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors
3. Where there is a reasonable suspicion that you may present a danger of violence to others.
4. Where there is a reasonable suspicion that you are likely to harm yourself unless protective measures are taken.

In all of the above cases, the psychotherapist is either allowed or required by law to break confidentiality in order to protect you, or someone you might endanger from harm.

5. I can release all or portions of your records to any person or entity you specify. I will inform you whether or not I think releasing that information to that agency or person might be harmful to you.
6. If a court of law issues a subpoena or an order, I am required by law to comply with the subpoena or order

Records: Your clinical file will consist of (a) legal forms such as this document, (b) a record of visits and payments, and (c) clinical progress notes (these progress notes will contain enough information about your treatment to justify it, should such justification ever become an issue).

Social Media Privacy Policies: In order to protect your confidentiality on social media websites such as Twitter, Facebook, YouTube, LinkedIn, Yelp, Psychology Today, blogs and other websites, BeMeBetter has the following policy:

- Any form of contact will be pre-emptively avoided when possible. When not possible, any comments, friend requests, or other communications will not be responded to as this would represent a violation of confidentiality.

Insurance: As a courtesy, I will bill your insurance company, but ultimately you will be held liable for any costs that the insurance company does not pay (up to either the amount I am contracted with them or our agreed up fee if I am not

contracted with them.) **Please call your insurance company ahead of time (before your scheduled appointment) to see how your policy pays for Behavioral Health, In-Network, and also for Out-of-Network therapy. Also find out what your co-pay is for Behavioral Health sessions and/or if you have a deductible.** Please know that if you are using your insurance to pay for your sessions, they assume the right to know your diagnosis, determine how many sessions you can have as well as the right to request additional information from the therapist to justify continued payment for your treatment. This information is given in a brief summary form as your confidentiality is important to me. _____ Initial

Cancellation or late arrival: Since an appointment reserves time specifically for you, 12-hour notice is required for rescheduling/canceling of an appointment. Outside of an agreed upon emergency or accident, you will be charged a fee of \$50.00 for a late cancellation or no-show. Most insurance companies do not reimburse for missed sessions so you will be responsible for the bill. Additionally, if you are late, we will meet for whatever amount of your time remains and will be changed the full session. _____ Initial

Telephone Calls: You are welcome to leave messages at any time on my cell phone. If you need to speak with me regarding a therapeutic issue, I will call you back within 24 hours if it is an emergency and within 48 hours if it is not (please leave message briefly stating nature of call). Remember that, in general, telephone calls are not meant to take the place of an office visit; if you require extended time, (15 minutes +) on the phone, I will bill you for my time at the rate of \$20/15 minutes. Most insurance companies do not cover telephone counseling so you will be charged a fee equal to your regular session fee. In special circumstances, I am agreeable to providing treatment over the phone at the same hourly rate as we have agreed upon for your office visits. _____ Initial

Email and Text Messaging: Email and text messaging are not secure mediums and therefore, confidentiality cannot be assured. Please use discretion when sending information that is sensitive in nature. _____ Initial

24-Hour Clean and Sober Policy: Therapy can only be effective with a willing and able client. Clients are expected to be sober during our sessions. I assert the right to terminate any session if I believe that a client is under the influence or has used substances within the past 24 hours that impairs his/her ability to participate in treatment. If a session is terminated due to substance use, this is considered a no-show and the client will be charged a fee equal to your regular session fee. _____ Initial

Minor Children: Minors may not be dropped off for their sessions. An adult must be present for scheduling, payment, and/or other conversation regarding the minor. _____ Initial

Legal Involvement Fees: Should my involvement in legal proceeding be required, you will be responsible for my fee as this will not be covered by insurance. My fee for legal involvement is \$200 per hour. _____ Initial

Lobby Etiquette: We strive to provide a place where healing happens and we need your help. Please remember that indoor voices are appreciated and that any space other than the lobby and restroom require employee escort. We also request that children be accompanied when in the lobby and assisted when using the drink station. _____ Initial

Payment for Service: You are expected to pay for services (full fee or co-pay) at the time they are rendered unless other arrangements have been made. Please notify me ahead of time if any problem arises regarding your ability to make timely payment. _____ Initial

I accept cash or check and all major credit/debit cards. There will be a \$15.00 charge on all returned checks.

I, _____ agree to be legally responsible for any charges that said persons listed below may incur during psychotherapy with _____.

Consent for Treatment: I, _____, _____, _____, _____ authorize and request that _____ carry out psychotherapeutic examinations, diagnostic procedures, and/or treatment for me while I am her client. I understand that the purpose of any procedure will be fully explained and be subject to my agreement.

I have read, understand, and fully agree with the "Office Policies" and the "Therapeutic Contract".

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|---|-------|--------------------|-------|
| _____ | _____ | _____ | _____ |
| Client's signature if 14 years or older | Date | Client's signature | Date |
| _____ | _____ | _____ | _____ |
| Client's signature if 14 years or older | Date | Client's signature | Date |
| _____ | _____ | | |
| Therapist's signature | Date | | |

In case of an emergency or you are at risk of harming yourself or others please contact 911 immediately.

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