



Client Agreement and Therapeutic Policies

Introduction:

This agreement is intended to provide clients with important information regarding my professional services and business policies. This consent form will provide a clear framework for our work together and will facilitate our therapeutic relationship. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it.

Part I: Therapist Information

Professional Orientation:

Welcome to The Heart of What Matters. It is our mission to provide person centered quality care for any who are seeking healing, health, and growth.

The primary focus of my practice is to

Educational/ Training Background:

I had the pleasure of studying Youth, Family, and Community Sciences with a specialization in organizational leadership at the University of Florida; Go Gators! In 2011, I completed my Masters of Science at Nova Southeastern University in Marriage and Family Therapy. A majority of my clinical experience took place in St. Louis, MO. I am a Licensed Marriage and Family Therapist in both the state of Missouri and Florida. I am also affiliated with the American Association for Marriage and Family Therapists.

Part II: Client(s) Rights

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you.

2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those *already* accrued. I ask you to contact me by phone or in person before you make such a decision without prior discussion.
4. You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

One of the most important rights involves confidentiality: within the limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law or my professional standards.

Limits of Confidentiality:

- a) Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
- b) If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I may warn the intended victim and notify the proper authorities.
- c) If you, as a client, reveal a serious intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.
- d) If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I may be required to release your confidential information to the court.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities. Your confidentiality still remains an *ethical priority*.

Legal action:

If legal actions occur in which I am requested or subpoenaed to provide testimony (such as a custody case), you will be responsible to pay me directly for providing the following services: (a) the time spent preparing for the court, (b) the time spent for transportation to/from court, and (c) the time spent appearing in court. Charges for legal services will be billed at \$ **200.00** per hour.

This fee is NOT reimbursable by a Third Party Payer and is therefore the full legal responsibility of the client and/or the client's parent or legal guardian.

Part III: The Therapeutic Process

Appointments:

Your appointment time is reserved especially for you. Therapy sessions are normally 50 minutes. Cancellations must be made 24 hours in advance; otherwise, you are responsible for a \$75 fee. After 2 missed appointments you will be required to pay in full in advance for your next scheduled appointment. Regular attendance is recommended to insure continuity and to enhance the effectiveness of the therapy.

E-Mail, Cell Phones, Computers and Faxes:

It is very important to be aware that computers, E-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the emails sent by myself are not encrypted. Faxes can easily be sent erroneously to the wrong address. I only use computers that are equipped with a firewall, a virus protection and a password. *Please do not use e-mail or faxes for emergencies.*

Records and Administrative Services:

I may take notes during session and will also produce other notes and records regarding treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Should you request a copy of my records, such a request must be made in writing. I reserve the right under Florida law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain client's records for seven years following termination of therapy. However, after 7-10 years, your records may be destroyed in a manner that preserves your confidentiality.

Professional Fees and Payments:

We will discuss and establish our fee at the onset of treatment, and any fee change will be negotiated in good faith. Payment is expected at the beginning of each session unless we have agreed otherwise. Balances more than 60 days overdue may result in termination of services. However, I will first attempt to make other arrangements with you as needed. In general, it is important to discuss with me any issues that arise in connection with our financial arrangements, so that they do not hinder our working relationship.

Standard fees for service:

Initial Session

75 Minute Session \$185

Individual Session	50 Minute Session	\$150
Couple/Family Session	50 Minute Session	\$150
Group Session	90 Minute	\$50
Missed Session		\$75

Payment method: I use the app Ivy Pay for every financial transaction using any debit or credit card to protect your financial information and confidentiality. During our first session I will explain further how this process works. Please note: cash, checks, and money orders are also acceptable forms of payment.

Health Insurance Claims:

You are responsible for your bill and for recovering the insurance reimbursement. Upon request, I can supply you with a receipt for each visit for proof of payment. I do not bill insurance companies and do not accept insurance deductibles and co-payments. You are responsible for payment of all fees even if you plan to seek insurance reimbursement. As a service to you, I will provide you with a billing statement that you can provide to your insurance company and other third party payers.

1. I agree BY ENTERING into therapy with Strength & Serenity Counseling Services I will pay the full fee at each session. If I am late to a session, the length of the session may be shortened, and I agree to pay for a full session.

2. A 24 - hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay a \$75 missed appointment fee. I understand that this will be my responsibility, not that of the third-party payer.

3. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

4. I understand that I may pay for my sessions using a major credit card, personal check or cash at the time of service.

CONSENT FOR SERVICES

Thank you for reviewing this information and please feel free to discuss any of this information with me. My/Our signature(s) on this disclosure statement indicates I/We have read and understood the conditions of the consultation services outlined. I/We have had the opportunity to clarify any questions and agree to the terms described above before receiving services. I/We have been provided with a copy of this disclosure statement.

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____