

Psychotherapy Services Agreement

Welcome to my practice. Therapy is a relationship that works best when there is clear communication and transparency between therapist and client. This document sets a frame to establish mutual expectations for how we will work together. Having a clearly defined professional relationship fosters safety to assist you in moving forward with your goals.

THE PROCESS OF THERAPY

Psychotherapy is a collaborative process based on the relationship between an individual(s) and a psychotherapist. Grounded in dialogue, it provides a supportive environment that allows you to talk openly with someone who is fully present, empathic, and non-judgmental.

In our first sessions (2-4), we will talk about what brings you to therapy, your personal and family history, and your desired outcome. During this time, we can both decide if I am the best person to provide the services you need to meet your goals. My approach is to bring a fresh perspective and clinical flexibility regarding how best to proceed with therapy, employing techniques and tools customized to your situation.

Psychotherapy can have benefits and risks. Therapy often leads to greater self-understanding, better relationships, solutions to specific problems, and significant reductions in feelings of distress. Working towards these benefits requires effort on your part – both in and outside of session – including openness and a willingness to explore positive and negative aspects of your experience. I may offer observations or invite you to examine long-held assumptions, perceptions, and behaviors and may offer different perspectives. I encourage you to share your reactions and feelings as they arise.

During the therapy process, some patients find they feel worse before they feel better. Remembering or talking about unpleasant events, feelings, or thoughts, may elicit discomfort or strong emotion. It is common to experience a range of feelings towards the therapist as well. This generally is a normal course of events and I encourage you to bring these matters up in session. My intention is to work supportively with you and to honor and trust your unique journey in therapy.

Personal growth and change may be easy and swift at times, but also may be slow and frustrating. Exploring the issues you bring to therapy may have other unintended outcomes, including changes in the status of personal relationships. While decisions about relationships

are your responsibility, I endeavor to support you emotionally and to help you discover your own inner wisdom.

When possible, I use methods that research has shown to be effective and will discuss appropriate treatment alternatives with you. I invite feedback throughout therapy about what is and what is not working for you. I welcome questions about techniques used in therapy, my background and experience, and my theoretical orientation.

Initial here if this section has been read and understood _____

CONFIDENTIALITY

What you share in therapy is generally confidential and will not be released to any third party without your written authorization except where required or permitted by law. I will not tell anyone what you have told me, or even that you are in therapy with me, without your prior approval, subject to the following legal exceptions:

1. If I have a reasonable suspicion that you are abusing or neglecting a child or vulnerable/dependent adult, or elder, or if you give me information about someone else who is doing this, then I must contact the appropriate authorities.
2. If you make a serious threat of violence against a reasonably identifiable victim, then I must notify the police and the intended victim.
3. If you are a serious danger to yourself or to the person or property of another, or are no longer able to care for yourself, I may choose to break confidentiality to garner the necessary support to ensure your safety.
4. If I receive a court order in a legal proceeding, I must provide the requested information.
5. In an emergency, I may offer needed information to medical personnel.

You should also be aware that I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy not to communicate with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matters. Should I be subpoenaed to appear as a witness or to provide any records of your therapy, I will assert your confidentiality rights until instructed, in writing, to do otherwise by you. If I receive a court order, I would be required to comply with the order for records and/or testimony. Limiting my involvement in legal matters creates appropriate boundaries around my role as your therapist and prevents conflicts of interest so that I can provide quality therapy for you.

Initial here if this section has been read and understood _____

PROFESSIONAL CONSULTATION AND COLLABORATION

Sometimes I will consult, collaborate with, and/or refer to psychiatrists, physicians, and other professionals on clinical, ethical, and/or legal matters to provide the most effective care. I receive and give regular case consultation. I also may refer you to outside community

resources for support. During my work with third parties, I will not reveal any identifying information about you unless you have provided me with written permission.

Initial here if this section has been read and understood _____

RECORDS

The laws and standards of the psychotherapy profession require that I maintain clinical and business records. If you make a written request for records, I legally may respond by 1) allowing you to review the records; 2) giving you a copy of the records; or 3) providing you with a summary of the records. If I believe that seeing your records may not be in your best interest, I may instead provide a copy of the records to another treating health care provider of your choice. Clients will be charged an appropriate fee for responding to the request. I will maintain your records for ten years following the end of therapy. After ten years, I will destroy the records in a way that preserves your confidentiality.

Initial here if this section has been read and understood _____

PROFESSIONAL FEES

My usual fee for a 50-minute session of individual therapy is \$150.00. This fee includes record keeping, preparation, and collaboration with other professionals. Fees for longer or shorter sessions will be prorated from this amount.

There will be no charge for brief telephone calls lasting 10 minutes or less, such as those to make or change an appointment. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes. I periodically adjust my fees and I will notify you at least one month in advance of any anticipated fee increases. I encourage you to discuss fees with me at any time.

The agreed on fee for your therapy is _____ per 50-minute individual session.

If you become involved in legal proceedings requiring my participation, you are expected to pay for my professional time, even if I am called by another party. Because of the difficulty of legal involvement, I will charge my normal hourly rate for preparation and attendance.

Initial here if this section has been read and understood _____

BILLING AND PAYMENTS

Payments are to be made at the beginning of each session, unless other arrangements have been made. I accept payment by cash, check, or credit cards, including Visa and MasterCard. I request that your check be made out in advance so that our time may be spent attending to your therapy.

If you pay by check and it is returned for insufficient funds, there will be a \$30 fee. If your account has not been paid for more than 60 days and arrangements for payment have not been

agreed upon, I have the option to use legal means to secure payment for services already provided. This may involve hiring a collection agency or going through small claims court. If legal action is necessary, its costs will be added to the claim. In most collection situations, the only information I would release regarding your treatment is your name, the nature of services provided, and the amount due. I can terminate treatment if you fail to pay for services.

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INSURANCE

To set realistic treatment goals and priorities, it is important to evaluate what resources you have to pay for your treatment. I am not a contracted provider with any insurance company or managed care organization at this time. If you have a health insurance policy, it may provide you with some reimbursement for mental health treatment given by an “out of network” provider. It is vital for you to find out exactly what coverage for mental health services your company provides.

Should you choose to use your insurance, I will provide you with a statement, which you can submit to the third-party of your choice, to seek reimbursement of fees already paid. It is your responsibility to complete insurance forms and to obtain reimbursement. You (not your insurance company) are responsible for full payment of fees at time of service.

You should be aware that insurance companies vary in what information they may ask me to provide, but many require a diagnosis, treatment plans/summaries, or, in rare instances, copies of the record. This information becomes part of the insurance company’s files. Though all insurance companies claim to keep such information confidential, I have no control over how they handle such information. I will not offer any confidential information to your insurance company without first discussing this with you and receiving your permission to do so.

Initial here if this section has been read and understood _____

APPOINTMENT SCHEDULING AND CANCELLATION POLICY

Weekly regularly scheduled sessions typically work best, especially in the earlier phases of therapy. However, we may agree to schedule sessions more or less frequently depending on your needs as therapy progresses. Your consistent attendance greatly contributes to successful outcome. Once an appointment is scheduled, you are expected to pay for it unless you provide me with notice 24 hours in advance. Please understand that your insurance company will not reimburse you for missed or cancelled appointments.

Initial here if this section has been read and understood _____

THERAPIST AVAILABILITY AND EMERGENCIES

I usually am not immediately available by telephone. My telephone number, (415) 820-1612, is typically answered by confidential voicemail, which I monitor frequently. I will make every

effort to return your call within 24 hours during regular working hours (M-F, 9 a.m. – 6 p.m., excluding holidays). I return weekend calls on Mondays.

I am not able to provide 24-hour crisis service. If you feel unsafe or that you need immediate help, call the Psychiatric Emergency Services Unit at Marin General Hospital at (415) 499-6666, the Suicide Prevention and Community Counseling Hotline at (415) 499-1100, or 911. These are crisis lines that are answered 24/7. You also can go to your nearest emergency room.

If I plan to be away or am unavailable due to an urgent matter, I will give you advance notice and also will provide you with the name of a colleague to contact if necessary.

Initial here if this section has been read and understood _____

EMAIL DISCLOSURE

I use email to schedule appointments only and not to discuss clinical matters. If you choose to use email to make or cancel appointments, please know that your confidentiality cannot be assured because email cannot be transmitted on a secure server.

Initial here if this section has been read and understood _____

ENDING THERAPY

Therapy is always your choice. You have the right to end therapy at any time and for any reason. I also may choose to end therapy under certain circumstances, including, untimely payment of fees, conflicts of interest, failure to benefit from treatment, or if needs emerge that are outside of my scope of competence or practice. Whether your goals have been met or therapy is concluding for another reason, I highly encourage you to participate in one or more final sessions, to reflect on your progress and provide a positive end to therapy.

Initial here if this section has been read and understood _____

I welcome you to our work together and anticipate a collaborative and beneficial working relationship.

Rebecca Johnson, LMFT

Date

I have read and understand the above Psychotherapy Services Agreement. I have discussed the provisions of the agreement with my therapist and have had my questions answered to my satisfaction. I accept and agree to abide by the terms of the agreement and by signing below hereby consent to treatment.

Client Name (Please Print)

Client Signature

Date