

## INFORMATION AND POLICIES

Welcome to my office. I am a licensed Marriage Family Therapist. Our profession is governed by various laws, regulations and by a code of ethics. The ethics code requires that I make you aware of specific office policies and how these procedures may affect you. I realize that some of these policies may be unrelated to our work together. Please read the following and sign at the bottom. Let me know if you have any questions or concerns.

**CLIENT'S RIGHTS:** Our relationship is strictly voluntary and you may leave the psychotherapy relationship at anytime you wish. I believe that we are partners in the therapeutic relationship and I encourage clients to provide feedback whenever they feel it is necessary in order to facilitate the therapeutic process. Due to the varying nature and severity of issues and the individuality of each client, I am unable to predict the length of time of therapy or the outcome or result.

If you are the parent/guardian of a minor, you are giving consent for this minor's participation in psychotherapy, which is also voluntary and may be terminated at your discretion. However, I believe it is always in the minor's best interest to be involved in making this decision.

**LIMITS OF CONFIDENTIALITY:** All information discussed within sessions is strictly confidential and by law may not be revealed to anyone without written permission by the client with the following exceptions:

- A) By law, disclosure is required when there is reasonable suspicion of child or dependent adult abuse or when the client makes a serious threat of physical harm to another person. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers, documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.
- B) Law permits disclosure if the client is likely to harm him/herself unless protective measures are taken.

**CONFIDENTIALITY WITH MINORS:** I make every attempt to support parental involvement in the therapeutic process while working with children. However, in order to develop a relationship of trust with the child or adolescent, I need to be able to protect their right to privacy. This need for confidentiality varies for each individual and often age is a factor. I will inform parents automatically if I believe a minor may be in serious danger, as long as I am assured that, in breaking confidence with the minor, there will be no additional detrimental effect on their safety or psychological well being.

**TELEPHONE ACCESSIBILITY AND EMERGENCY PROCEDURES:** I will return your calls as soon as possible should you need to speak with me between sessions. In the event that a lengthy telephone contact is required, you will be charged at the session rate. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

**APPOINTMENTS AND CANCELLATION POLICY:** Unless other arrangements have been made, sessions are 50 minutes long. Payment is expected at the time of service with a \$10.00 late charge for payments received after the time of service. Since scheduling an appointment involves the reservation of time specifically for you, a minimum of 24 hours advance notice is required for rescheduling or cancellation. The full fee will be charged

in the case of late cancellations or forgotten appointments. I do understand that sudden illness and emergencies will occur.

**TERMINATION OF THERAPY:** The length of treatment and eventual termination of treatment will depend on the specifics of your treatment plan and progress you achieve. I believe it is in the client's best interest to plan the termination process together whenever possible. If you or I believe you are not benefiting from treatment, either one of us may begin a discussion of alternative treatment options. Alternatives may include, among other possibilities, collateral referrals, changing the treatment plan or terminating therapy.

Please feel free to ask me any questions you may have about this form. I look forward to working with you and/or your child.

I have read and understand the conditions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_