

Frederique Georges, M.F.T., S.E.P.

License #51859

425 Gough Street

San Francisco, CA 94102

Tel: (415) 820 1680 Fax: (510) 227 5058

transformtrauma@yahoo.com

www.wisebodytherapy.com

THERAPEUTIC CONTRACT/INFORMED CONSENT

Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Change will sometimes be easy and swift, and sometimes slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings. It is wise to remember that attempting to resolve issues between partners, family members, and other individuals can lead to positive outcomes as well as to discomfort and may result in changes that were not originally intended.

CONFIDENTIALITY

You have the right to a confidential relationship with me. Within certain legal limits, information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your **written permission**.

Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons **without written consent**. These situations are as follows:

- If I have a reasonable suspicion of active child abuse or neglect; if a perpetrator is in contact with minors and there is reasonable suspicion that he/she may still be abusing minors; if I believe that active physical abuse of a dependent adult or an elder is taking place.
- If I feel that you may harm yourself, I am required to warn the appropriate agencies in order to protect you.
- If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
- If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
- If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
- If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.

FEES/CANCELLATION POLICY

My fee for a therapy session is \$190. My fee increases on a yearly basis. Sessions are 50 minutes in length, unless other arrangements have been made. I schedule appointments to start and end of time. I ask that you make every effort to be on time.

You can reach me between sessions at (415) 820 1680. There is no charge for calls of less than 10 minutes. There is a pro-rated charge on calls over 10 minutes. Payment for therapy is to be made at the time of your visit (cash, check or credit card). There is a fee of \$30 for returned checks.

If you miss a session without providing a 24 hr notice, you will be charged for a full session. I will make every effort to re-schedule an appointment, if requested, during the week of the original appointment. If this is possible, you will not be charged for the missed appointment.

INSURANCE

Clients who carry insurance will bill their own insurance. I can provide you with the appropriate billing information, which you can send for reimbursement.

If you are trying to get insurance reimbursement, some information may be given to your insurance company, after you sign the release of information.

TERMINATION

Termination is sometimes one of the most difficult and important parts of the therapeutic process. Sometimes, clients feel that they want to terminate therapy when they are about to face something uncomfortable, yet potentially very fruitful for their growth. For this reason I request at least one session for termination under all circumstances.

I have read the foregoing, fully understand this Consent for Treatment/Therapeutic Contract form and the policies stated herein, and agree to the stated conditions.

Signed _____ Date _____
Client

Signed _____ Date _____
Client

Signed _____ Date _____
Client

Signed _____ Date _____
Legal Guardian for minor

Signed _____ Date _____
Legal Guardian for minor

Signed _____ Date _____
Frederique Georges, MFT

Emergency Contact: _____(name) _____(tel)