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## **THERAPEUTIC CONTRACT**

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 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 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**

The fee is to be determined before the start of therapy. 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.

At the beginning of therapy, I will give you my personal phone number. You can use that number to text me for brief messages (schedule changes, last minute lateness) or if it is **urgent** and you need support. There is no charge for calls of less than 10 minutes. There is a pro-rated charge on calls over 10 minutes. Please be aware that texts messages and emails are not encrypted and not HIPAA compliant. Texts and emails are not a replacement for a session: the psychological material that bubbles up between sessions is part of therapy and needs to be addressed during a regular session.

Payment for therapy is to be made at the time of your visit (IvyPay or Venmo preferred, cash and checks also accepted when necessary). There is a fee of \$30 for returned checks. Only IvyPay is HIPAA compliant.

**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. This “superbill” system works usually with most PPO’s: it is your responsibility to check for mental health coverage with your health insurance and the status of your deductible. It does not work with Kaiser.

### **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.

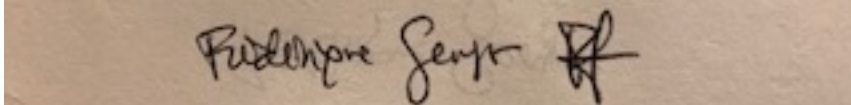
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Client

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Client

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian for minor

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian for minor

Signed \_\_\_\_\_ Date \_\_\_\_\_

A photograph of a handwritten signature in black ink on a light-colored surface. The signature reads "Frederique Georges" followed by a stylized monogram or initials.

The therapist, Frederique Georges, MFT

Please list your emergency contact with me in case we lose touch with one another:

Emergency Contact: \_\_\_\_\_ (name)

\_\_\_\_\_ (telephone)