



## CLIENT AGREEMENT

*Please read and sign this form and bring it to the first meeting*

Welcome to our group. This document contains important information about our professional services and business policies. Please read it. When you sign this document, it will represent an agreement between us.

### **PSYCHOTHERAPY SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counseling. Clients understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

### **MEETINGS**

Scheduled appointments are typically 45-50-minute sessions, once a week at a time we agree on, although some sessions may be longer or more frequent. Scheduling an appointment is a commitment that both counselors and clients honor. It is your time and in effect, we have leased this specific time to you. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.**

Please inform us of vacation plans at least one week in advance. We will do the same.

### **PROFESSIONAL FEES**

The hourly fee (45 minutes) is \$200. In addition to weekly appointments, we charge this amount for other professional services related to treatment. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. The \$150 per 45 minute hour will be prorated for these services (in 15 minute increments). If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party.



## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

## **CONTACTING US**

We are often not immediately available by telephone. When we are unavailable, the telephone is answered by voice mail that is monitored frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychotherapist or psychiatrist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use.

It is important to be aware that any computer, unencrypted e-mail or text (SMS) communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails and texts are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails and texts that go through them. While data on The River Wellness Group computers is password-protected, e-mails and text messages are not encrypted. The following are some of the risks inherent in using these media:

- An e-mail or text message might be sent erroneously to the wrong recipient.
- An e-mail or text message might be seen by someone in your house or workplace.
- Computers, tablets, and cell phones can be lost or stolen.
- Communication companies (e.g. Google) may be able to access e-mail accounts and text messages.

## **SOCIAL NETWORKING AND INTERNET SEARCHES:**

At times we may conduct a web search on clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss it with us. We do not accept friend requests from current or former clients on our psychotherapy related profiles on social networking sites due to



the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, we request that clients do not communicate with us via any interactive or social networking websites.

### **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

### **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of the concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have with what we are prepared to discuss.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychotherapist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we may be required to file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in this practice. If a similar situation occurs, we will make every effort



to fully discuss it with you before taking any action.

We consult regularly with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

I have read the above Consent to Treatment carefully. I understand the terms and agree to comply with them. I agree to treatment with The River Wellness Group for:

☐ myself

☐ my child, \_\_\_\_\_

Name of Client/Parent (print): \_\_\_\_\_

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

Date \_\_\_\_\_

Name of Client/Parent (print): \_\_\_\_\_

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

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