

## **INFORM CONSENT FOR PSYCHOTHERAPY SERVICES**

### **Couple's Form**

Therapy is an alliance to increase human understanding and bring about change. It can be helpful to make the conditions of the relationship between the therapist and client explicit in order to create consistency and stability. We understand that the terms of couple's therapy outlined below will contribute most effectively to a safe environment for our growth and healing.

1. **CONFIDENTIALITY:** We have completed and signed the client information sheet. We understand that our therapy is governed by the rules of confidentiality, which our therapist will be glad to discuss upon our request. Any communications with other professional providers from whom we are receiving treatment will occur only after we have signed a "Release of Information Form", authorizing the terms of such in # 7 below.
2. **CLIENT RESPONSIBILITIES:** We agree to participate actively in the therapeutic process by:
  - a. Discussing realistic and concrete goals to accomplish within a mutually agreed-upon time.
  - b. Bringing material into the 60-minute session which we have been working on between sessions, understanding that change requires personal work outside of the 60-minute session.
3. **THERAPIST RESPONSIBILITIES:** We understand that our therapist agrees to practice within his level of competence, licensure guidelines, and ethical standards of practice.
  - a. Our therapist is committed to promoting the principles of empowerment to help us toward our goals for healing. Our therapist views healing as a process, not an event.
  - b. Our therapist is committed to therapeutic approaches that strive to promote and sustain the highest level of functioning for us throughout the course of our therapy.
  - c. Our therapist is willing to discuss any complaints or questions concerning our therapeutic process.
4. **ATTENDANCE AT APPOINTMENTS:** Scheduling and re-scheduling of sessions can be flexible, within the boundaries of the following guidelines:
  - a. We agree to appear in time for all scheduled sessions. We understand that if we do not show up for our session or if we cancel less than 24 hours before a session, we will be charged the full fee. We realize that most third party payors do not cover this charge, and that we are responsible for the full cost of any "missed appointments."

- b. Our therapist agrees to appear on time for all scheduled sessions. We understand that if he does not show up for a scheduled session, we will be given our next session free of charge.
5. FEES:
- a. We understand that the standard fee per 60-minute session is \$175 and that there may be additional charges for testing or related services. If we have questions about the cost of services, we will request clarification before the service is provided.
  - b. We agree to pay the full cost of our therapy session at the time of service, unless an alternative payment arrangement has been negotiated prior to the session. A billing receipt will be provided that is appropriate for submitting to a third party payor for reimbursement, if we choose to file for third party reimbursement. Billing receipts can be provided at the conclusion of each session or once a month.
  - c. We agree to inform our therapist at the outset of our therapy if we intend to file for reimbursement from a third party payor, or at any such time during the course of therapy that we decide to change from self-pay to filing for third party reimbursement.
  - d. We understand that our therapist is available to discuss openly with us any problems or concerns regarding the financial aspect of the therapy contract.
6. ENDING THERAPY: The process of ending therapy may be equally as significant as the work we accomplished during the course of our therapy. The ending of therapy is most impactful when it evolves from a partnership between client and therapist. Our therapist is committed to working with us as long as the therapeutic process is productive and healthy. Some clients benefit most from a brief involvement in therapy whereas others will find an extended length of time more valuable.
- a. Our therapist is available at any time during the therapy process to discuss concerns we may have regarding the ending of our therapy.
  - b. We understand that if our therapist does not have contact or communication from us for a period of 30 consecutive days, he will assume that we no longer intend to remain active in this therapy relationship and our case will be closed.
7. LEGAL CONCERNS: We agree to inform our therapist during our initial series of meetings if our intention is to use this therapy as any part of a legal proceeding. We also agree to inform our therapist if, at any point during therapy, any legal proceedings develop which might impact our therapy.
- a. Georgia State Law requires that mental health professionals must report to Child Protective Services any situation of suspected sexual abuse between an adult and a minor. Therefore, any disclosure made during therapy sessions of sexual involvement with a minor will be reported to Child Protective Services (CPS). Our therapist is committed to handling such situations in a therapeutic manner.

- b. Georgia State Law requires that mental health professionals must comply with “Duty to Warn” standards, which mandates that our therapist report to law enforcement officials any direct threats to physically harm another person. This statute applies ONLY to direct and specific threats which our therapist has evaluated are in imminent danger of actually being carried out.
  - c. Our therapist may be obligated to make an exception to our confidentiality if there is a clear indication of our intention to physically harm ourselves.
8. CHANGE OF ADDRESS: We will immediately inform our therapist of any changes in our names, addresses and/or phone numbers.
9. THERAPIST AVAILABILITY BETWEEN SESSIONS: Our therapist’s availability between sessions is governed by the following guidelines:
- a. We understand that emergency phone calls should be reserved for times that we are experiencing a severe and unanticipated crisis. Our therapist may not routinely check his voice mail service on weekends or after 6 p.m. on weekdays. Because our therapist conducts training and/or consultation workshops away from the office & does not carry a beeper, we understand that he is sometimes unavailable for extended blocks of time. When our therapist does retrieve our emergency message, however, he will return our call within 20 minutes. If he hasn’t called us within 20 minutes of making our call, we can assume that he has not yet retrieved our message and we should proceed to contact back-up therapist, a friend, or a helpline.
  - b. We understand that we may be charged for emergency of scheduled phone time in excess of 10 minutes.
  - c. Non-emergency phone calls will be returned within 24-36 hours.
  - d. Our therapist will inform us in advance when he is planning to be absent during our regularly-scheduled appointment time. Another therapist will always be designated for on-call availability when our therapist is unavailable. If the frequency that your therapist might be away is a concern for you, you are urged to inquire about this during your initial therapy sessions, or at such time as this becomes problematic for you.

We understand and agree to this service agreement:

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

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