

## INFORM CONSENT FOR PSYCHOTHERAPY SERVICES

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. I understand that the terms of individual therapy outlined below will contribute most effectively to a safe environment for my growth and healing.

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

- a. I understand that the standard fee per 60-minute session is \$175.00 and that there may be additional charges for testing or related services. If I have questions about the cost of services, I will request clarification before the service is provided.
  - b. I agree to pay the full cost of my 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 I choose to file for third party reimbursement. Billing receipts can be provided at the conclusion of each session or once a month.
  - c. I agree to inform my therapist at the outset of my therapy if I intend to file for reimbursement from a third party payor, or at any such time during the course of therapy.
  - d. I understand that my therapist is available to discuss openly with me 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 I accomplished during the course of my therapy. The ending of therapy is most impactful when it evolves from a partnership between client and therapist. My therapist is committed to working with me 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. My therapist is available at any time during the therapy process to discuss concerns I may have regarding the ending of my therapy.
  - b. I understand that if my therapist does not have contact or communication from me for a period of 30 consecutive days, he will assume that I no longer intend to remain active in this therapy relationship and my case will be closed.
7. **LEGAL CONCERNS:** I agree to inform my therapist during my initial series of meetings if my intention is to use this therapy as any part of a legal proceeding. I also agree to inform my therapist if, at any point during therapy, any legal proceedings develop which might impact my 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). My 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 my therapist report to law enforcement officials any direct threats to physically harm another person. This statute applies **ONLY** to direct and specific threats which my therapist has evaluated are in imminent danger of actually being carried out.
  - c. My therapist may be obligated to make an exception to my confidentiality if there is a clear indication of my intention to physically harm my body.

8. **CHANGE OF ADDRESS:** I will immediately inform my therapist of any changes in my name, address and/or phone number.
9. **THERAPIST AVAILABILITY BETWEEN SESSIONS:** My therapist's availability between sessions is governed by the following guidelines:
- I understand that emergency phone calls should be reserved for times that I am experiencing a severe and unanticipated crisis. My therapist may not routinely check his voice mail service on weekends or after 6 p.m. on weekdays. Because my therapist conducts training and/or consultation workshops away from the office & does not carry a beeper, I understand that he is sometimes unavailable for extended blocks of time. When my therapist does retrieve my emergency message, however, he will return my call within 20 minutes. If he hasn't called me within 20 minutes of making my call, I can assume that he has not yet retrieved my message and I should proceed to contact back-up therapist, a friend, or a helpline.
  - I understand that I may be charged for emergency of scheduled phone time in excess of 10 minutes
  - Non-emergency phone calls will be returned within 24-36 hours.
  - My therapist will inform me 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 my 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.

I understand and agree to this service agreement:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date