

Marriage & Family Matters, PLLC

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Logan, Utah 84321

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Consent to Treatment

You have decided to embark on a powerful journey known as psychotherapy, a decision of strength and courage. You should know that I consider the psychotherapeutic relationship to be one of sacred trust. This letter serves to inform you about the therapeutic process, give you some information, and answer questions about the professional relationship between therapist and clients.

Psychotherapy cannot insure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is my experience as a therapist that most people can gain some value from the therapeutic process. As we journey together, new often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to psychotherapy. These include, but are not limited to, medications, support groups and complimentary modalities. I will be happy to discuss any alternatives you want to consider at any time.

I have a number of client expectations about the professional relationship that I embark on with each client. I expect you to keep your appointments. Please remember that someone else may want this time. Please give our other clients, their obligations, relations and your therapist the courtesy of a 24 hour notice if you must cancel an appointment; otherwise, you may be charged for this time at a rate of one half a session fee. I always consider broken appointments individually and understand that emergencies do arise. Insurance will not pay for broken appointments.

My current fee is \$120 per session. Payment for your session is due at the time of service. I accept cash, personal checks, and credit cards. I work with a limited number of insurance companies via managed care contracts and I am responsible for filing claims for my services; you must pay your co pay at the time services are rendered. There are no exceptions. Other insurance plans (out of network) are accepted but you may be required to pay the difference. Payment arrangements are discussed during your initial session.

I also charge for my time when you require written correspondence. This is billed according to the amount of time utilized with a minimum fee of \$40. This would include correspondence such as letters to other practitioners, disability applications, etc. Insurance will not pay for correspondence. I do not charge for customary insurance filing. Telephone consults are also billed at regular rates. The first 5 minutes I consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour. Sessions are 45 to 50 minutes in length. I take a few minutes of an hour between clients to relax, let go of the last session and prepare for the next one.

My appointment times are by appointment. I am typically in the office Monday through Friday. You may reach me via telephone/voicemail during regular office hours. As I am in sessions most of the day, I will check voice mail and return messages several times a day. If your call is non-urgent, I will respond as soon as possible. Calls left for me after 5 PM will generally be returned the following business day at the earliest. I do not give out a texting number as texts are not a secure and confidential form of communication. My published office number is not a texting number so texting it will not be a successful way to communicate with me.

If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local emergency department.

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in my office. If you should encounter me outside of the office, I will speak with you only if you initiate the contact; this allows you to maintain the privacy of your psychotherapeutic relationship. Please do not invite me to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask me to relate to you in any way other than the professional context of our therapy.

sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good psychotherapeutic relationship.

Your sessions should focus on your concerns exclusively. You will learn a great deal about me the longer we work together; I may occasionally share experiences and struggles with some regularity as models for clients. Nonetheless, you will still be experiencing me in a professional role solely. I will keep confidential anything you say with the following exceptions: a) if you direct me to speak about you with someone you have indicated on the signed the release form, b) if I determine that you are a danger to yourself or others, or c) if there is evidence of child or elder abuse. In the event of the latter two exceptions, I will contact family, friends, DFCS and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

I may on occasions attend peer consultation with colleagues. During these consultations I may discuss content from our sessions while maintaining your anonymity.

I mainly use a cognitive/behavioral approach to therapy, meaning that I help clients to gain insight to their unproductive thinking patterns and attempt to correct them through encouraging clients to be accountable for their thoughts, feelings, and behaviors. I do incorporate other models of therapy (i.e., Emotionally Focused Therapy, Family Systems, Structural Family Therapy, and spiritual based interventions) and I strive to use what is most helpful for each individual rather than take any one approach exclusively. I hope this information is helpful to you. If at any time during your work with me, you have any questions please feel free to ask.

Client Statement of Agreement to Therapy Services:

I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company (if I elect to have insurance billed for these services) or other third-party may be given information about the type (s), cost (s), diagnosis, and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

Signature of Client (or person acting for client)

Date

Relationship to Client

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist

Date

Client Name _____ C.I.D.# _____