



7777 Glades Road Suite 205
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(561) 613-5217

INFORMED CONSENT TO TREAT **THERAPIST-CLIENT CONTRACT**

Client Name: _____

Date of Birth: _____

Outpatient Services Contract

This document contains important information about my professional services and business policies. Please take time to read it carefully and make a note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it represents an agreement between us.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personality of the therapist and the client, as well as the problems and challenges that are presented by the client. There are many different methods I may use to deal with the problems you want to address. Psychotherapy is not like a medical doctor visit. Instead, it requires a very active effort on your part. In order for the therapy to be most effective, you will need to work on the areas we discuss both during our sessions and between sessions. Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings including sadness, guilt, anger, frustration, loneliness and helplessness. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress, however, there are no guarantees of what you will experience.

Our first session will be an assessment of your history and needs. By the end of the assessment, I will be able to offer you first impressions of what our work will entail and develop general treatment goals should you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a significant commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any questions about my approach or procedures, we should discuss them whenever they arise. If your doubts persist, I can set up a meeting with another mental health professional for a second opinion.

Meetings

I normally conduct an assessment that can typically be completed in the first appointment. During this time, we determine together whether I am the best person to provide your services in order to meet your treatment goals. If psychotherapy begins, we schedule one 50-minute session per week at a recurring time we mutually agree upon, although your treatment needs may dictate longer sessions and/or a higher degree of frequency (i.e. 90-minute sessions or two or more sessions per week). Once an appointment is scheduled, you will be expected to pay for the session unless 24-hours advance notice is given, or unless we both agree that you are unable to attend due to circumstances beyond your control, expectation, or awareness. Appointment frequency and duration is determined as part of your collaborative treatment plan and will be reviewed as your unique clinical picture demands it, or every 90 days, whichever is soonest. If you need to space appointment times out for longer than a week beyond the mutually agreed frequency, appointment times may not be held for you. This is also the case for missed appointments.

Professional Fees

Traditional fees for my professional services as paid using cash, check, or money order are as follows:

Intake Session (60 minutes) - \$200

Psychotherapy Session (50 minutes) - \$200

Phone Consultation (15 minutes) - \$60

Preparation of Written Reports (15 minutes) - \$60



The following services are billed in 15 minute increments portal to portal:

Attendance at Meetings (Hourly) - \$250

Court Proceedings and/or Testimony (Hourly) - \$350

Billing and Payments

You will be expected to pay for your session at the end of each appointment, unless we agree to other arrangements. Payment for other professional services will be discussed when they are requested. In certain circumstances of unusual and unpredicted financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. In the highly unlikely event that your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to use 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, collection costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of the service provided and the amount due.

Health Savings Accounts and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

Contacting Me

I am often not immediately available by telephone. When I am unavailable, my phone is answered by voicemail which I monitor frequently. I will make every effort to return your call within 24 hours with the exception of holidays and weekends. If you are difficult to reach, please advise me of the times it may be best to reach you. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary. If you are unable to reach me and feel you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the clinician, psychologist or psychiatrist on call. If you are experiencing a crisis or emergency, please immediately contact 911 for assistance.

Social Media

Based on training and experience, it is my policy that certain boundaries must be maintained for psychotherapy treatment to be most effective and focused on your needs as a client. I accordingly refrain from connecting with any current or past clients through any personal social media accounts I maintain. Please understand that any lack of response to communications a client may initiate through my personal accounts reflects my social media policy and professionalism rather than any personal feelings about a client. However, you are encouraged to utilize information and resources shared through business social media accounts under the name NewVu Therapy should you wish to do so.

Professional Records

You are entitled to request a summary of your records. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, psychotherapy notes are not released for review; however, at your request I will provide a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional service and will be billed accordingly. Clients will be charged an appropriate fee for any professional times spent in responding to information requests.

Minors



If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they will give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. There will also be times that I may encourage them to join us for a session to discuss important topics. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you have about what I am prepared to discuss.

Confidentiality

In general, the law protects the privacy of communications between a client and psychotherapist, and I can release information about our work to others only with your written permission. However, there are a few exceptions. In most legal proceedings, you have the right to object to me providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, I may be required to cooperate with a court-issued subpoena for records or court testimony about your treatment.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child or vulnerable adult is or has been abused or neglected, I am a mandated reporter and am legally obligated to file a report with the appropriate state agency (Department of Children and Families, DCF). If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may require notifying the potential victims, contacting the police (or other law enforcement agency), or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her, and/or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If such a situation occurs, I will make an effort to discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these professional consultations unless I feel that it is important to our work together.

While this written summary of exemptions to confidentiality should prove helpful to information you about potential problems, it is important that we discuss any questions or concerns you may have at our next meeting. I will be happy to discuss such specific questions with you, though formal legal advice may be needed as I am not an attorney and the laws governing confidentiality in psychotherapy are complex.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. I hereby consent to be treated and have been informed of the limitations and risks:

Client/Legal Guardian Signature

Date

Printed Name

Client/Legal Guardian Signature

Date

Printed Name