



Slater & Associates, LLC

Therapy Agreement

- Christy Leaver, LCSW is a Licensed Clinical Social Worker in the State of Kentucky.
- I agree to enter the therapy process knowing that there may be a potential for emotional strains, stresses and life changes as a result of therapy. I understand that the outcome of therapy is dependent on my personality and the personality of my therapist, as well as the variables related to the particular problems that I may be experiencing.
- In order for my therapy to most successful, I understand that I will have to work hard on issues that arise, both in session and at home. I understand that Slater & Associates, LLC does not guarantee any particular results or outcomes.
- I understand that therapy sessions are strictly confidential except when state law requires the reporting of threats of violence, harm or neglect (from evidence or suspicion) toward children or adults, and when information is ordered or subpoenaed by the courts. I have read and signed the Limits of Confidentiality for Therapy form. I agree that confidences revealed to my therapist alone, may be shared, at my therapist discretion, with other members of the family participating in treatment and/or my attorney, if applicable.
- I agree to respect the confidentiality of others and not discuss the presence of any other client I may meet or see at our office.
- My therapist will not accept friend requests from current or former clients (for a period of 3 years) on social networking sites such as Facebook, Twitter or LinkedIn. We believe that mixing the therapy relationship with social networking relationships can compromise your confidentiality and our respective privacy. For that reason, we request that clients do not communicate with us via any interactive or social networking websites.
- If you choose to contact your therapist via email, SKYPE, or telephone, you accept the risk that this may not be a secure or confidential form of communication and agree that BGFT cannot be held liable should any outside individual or organization gain access to your personal information.
- **I agree to notify my therapist at least 48 hours in advance should I need to cancel an appointment. I understand that I will be charged the regular session fee for any appointments that I miss or fail to cancel 48 hours in advance.**
- If I decide to terminate therapy on behalf of a minor, I agree to discuss this with the child's therapist during a regular therapy session, not by phone. I agree to make the appropriate arrangements for a suitable termination session between the therapist and the child or children.
- I understand that Slater & Associates, LLC does not operate an emergency, on-call or after-hours crisis service. Should a crisis arise, I agree to contact 911, visit the nearest Emergency Room or contact a local crisis line for immediate help. If you need to contact your therapist between sessions, you should call (859) 492-9955 and leave a message. Every effort will be made by your therapist to return your call within 24 hours Monday through Friday. Messages left on Fridays may not be returned until Monday, unless your therapist is on vacation or traveling.

I have read the information above and agree to the terms set forth and outlined above.

Signature of Client

Date

Signature of Client

Date