

## THERAPY AGREEMENT

**Nicole Bessire-Taylor, M.A., LMFT #46572**

Licensed Marriage and Family Therapist

**Beckie Riggs, M.A., IMF #91994, PCCI #2760**

Registered Marriage and Family Therapist Intern/Registered Professional Clinical  
Counselor Intern under the supervision of Nicole Bessire-Taylor, M.A., LMFT #46572  
216 N. Glendora Avenue, Suite 210 Glendora, California 91741

### AGREEMENT FOR SERVICE / INFORMED CONSENT

#### Introduction

**This Agreement is intended to provide [name of patient]  
\_\_\_\_\_ (herein "Patient") with important  
information regarding the practices, policies and procedures of your clinician,  
and to clarify the terms of the professional therapeutic relationship between  
Therapist and Patient. Any questions or concerns regarding the contents of this  
Agreement should be discussed with Therapist prior to signing it.**

**Please check the appropriate clinician from whom you are receiving services:**

**\_\_\_ Nicole Bessire-Taylor, M.A., LMFT #46572 Licensed Marriage and Family  
Therapist (Background and Qualifications listed below) if checking here, then  
Nicole Bessire-Taylor, M.A., LMFT will be referred to herein as "Therapist".**

**\_\_\_ Beckie Riggs, M.A., IMF #91994, PCCI #2760 Registered Marriage and Family  
Therapist Intern/Registered Professional Clinical Counselor Intern under the  
supervision of Nicole Bessire-Taylor, M.A., LMFT #46572 (Background and  
Qualifications listed below) if checking here, then Beckie Riggs, M.A., IMF, PCCI  
will be referred to herein as "Therapist".**

#### **Therapist Background and Qualifications**

##### **Nicole Bessire-Taylor, M.A., LMFT**

Nicole graduated from Azusa Pacific University with a Master's of Arts Degree in Clinical Psychology with an emphasis in Marriage and Family Therapy. Nicole has been practicing as a licensed marriage and family therapist (LMFT) for over fifteen years, working with clients of all age ranges and with a wide range of presenting issues. Therapist's theoretical orientation can be described as eclectic using multiple perspectives in order to customize a Patients therapy experience to meet stated goals. Therapist uses orientations such as psychodynamic, insight oriented therapy, object relations, family systems, and cognitive behavioral techniques.

### **Beckie Riggs, M.A., IMF, PCCI**

Beckie graduated from Azusa Pacific University with a Master's of Arts Degree in Clinical Psychology with an emphasis in Marriage and Family Therapy. Beckie is registered with the Board of Behavioral Sciences as both a Marriage and Family Therapist Intern and a Professional Clinical Counselor to perform therapeutic services while under the weekly supervision of a licensed individual. Therapist Intern will meet with and discuss on a weekly and as needed basis, all cases with supervisor Nicole Bessire-Taylor, M.A., LMFT. Therapist Intern has completed all educational requirements to work with clients of all age ranges and with a wide range of presenting issues. Beckie's theoretical orientation can be described as eclectic using multiple perspectives in order to customize a Patient's therapy experience to meet stated goals. Therapist Intern uses orientations such as attachment theory, psychodynamic, insight oriented therapy, family systems, cognitive behavioral techniques and Gottman techniques. If there are any client concerns and/or questions regarding services provided by therapist intern, please contact supervisor, Nicole Bessire-Taylor, M.A., LMFT in writing at 216 N. Glendora Ave., Suite 210 Glendora, CA 91741 or by telephone at 909.618.4355.

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by

Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient. During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient.

### **Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient. Should Patient request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Patient's records for seven years following termination of therapy. However, after seven years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality. Exceptions to minor Patient records are that Therapist will maintain the minor Patient's records until the Patient is legally an adult at age 18 and 7 years past that date.

### **Confidentiality**

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting

child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

### **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of \$140.

### **Psychotherapist-Patient Privilege**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the Patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by Patient or Patient's representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

### **Fee and Fee Arrangements**

The usual and customary fee for service is \$140 per 45-50 minute session for sessions with Nicole Bessire-Taylor, M.A., LMFT. The usual and customary fee for service is \$90 per 45-50 minute session for sessions with Beckie Riggs, M.A., IMF, PCCI. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies,

managed care organizations, or other third-party payors, or by agreement with Therapist. The agreed upon fee between Therapist and Patient is \_\_\_\_\_. Therapist reserves the right to periodically adjust fee. Patient will be notified of any fee adjustment in advance. From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Patient's request and with Patient's advance written authorization. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. Patients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit/debit cards.

### **Insurance**

Patient is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor. Patient is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. Therapist is not a contracted provider with any insurance company, managed care organization. Should Patient choose to use his/her insurance, Therapist will provide Patient with a statement, which Patient can submit to the third-party of his/her choice to seek reimbursement of fees already paid. If services are being rendered by therapist intern, no statements for reimbursement will be provided.

### **Cancellation Policy**

Patient is responsible for payment of the agreed upon fee for any missed session(s). Patient is also responsible for payment of the agreed upon fee for any session(s) for which Patient failed to give Therapist at least 24 hour notice of cancellation. Cancellation notice should be left on Therapist's voice mail at 909.618.4355.

### **Therapist Availability**

Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to

provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room. There will be periods of time when Therapist is out of the office for on-going education, professional conferences, speaking engagements, and for personal time. Please note that during my time away, I will not be available for individual session, group, family or couples therapy both in person, via email, text, or phone call. If you are a threat to yourself or another when I am away, please call 911 immediately. On occasion I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations.

### **Explanation Of Dual Relationships**

While a therapeutic relationship can feel close and trusting, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may accidentally run into each other in public), I am highly discreet and will maintain your confidentiality. I will do my best to follow your lead, and thus it is your choice to acknowledge the encounter or not. If you do not choose to acknowledge the encounter, I will respect this and will not acknowledge you outside of the office.

### **Termination Of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patient needs are outside of Therapist’s scope of competence or practice, or Patient is not making adequate progress in therapy. Patient has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been

done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient.

**Acknowledgement**

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient’s satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

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Patient Name (please print)

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Signature of Patient (or authorized representative)

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Date

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I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

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Name of Responsible Party (Please print)

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Signature of Responsible Party

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Date