

ALBUQUERQUE EMOTIONAL WELLNESS
CLIENT CONSENT FOR SERVICE AGREEMENT

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information for the purposes of treatment, payment, and health care operations. When you sign this document, it will represent an agreement between us, and we can discuss any questions you have in our initial session or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works, in part, because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

APPOINTMENTS

Appointments will ordinarily be 45 minutes in duration, depending on what service you elect. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If I do not get 24 hours notice, I will charge you \$50.00. If it is possible, I will try to find another time to reschedule the appointment that same week, and in that event you will not be charged the late cancel fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The hourly fee for psychotherapy or training is \$100.00. Payment must be made by cash, check or credit card. I do not accept insurance.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file.

CONFIDENTIALITY

Therapy sessions are confidential. There are a few limits to this confidentiality including:

- 1) If I suspect the abuse or neglect of a child, I am required to report this to the appropriate authorities, usually CYFD.
- 2) If I believe a client presents as a substantial imminent risk of serious risk harm to themselves or another person, I am required by law to take protective action which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. I am required by law to contact family members who can help provide protection and facilitate the hospitalization for the client.
- 3) If you are involved in a court proceeding, and I am ordered by the court to disclose information, I am required by law to do so. I do not and will not participate or testify in divorce court or child custody proceedings.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible. If you do not hear from me, or I am unable to reach you, and you feel unable to keep yourself safe, call 911 or go to your local hospital emergency room. I will make every attempt to inform you in advance of planned absences.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

CONSENT TO BILL MY CREDIT CARD FOR LATE FEES OR SESSIONS

CC number _____

3 digit code on back of card _____

Name as it appears on card _____

Address where card is billed _____

Expiration date on card _____

*Credit cards are billed using a wireless system (Square Reader)

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this agreement and agree to its terms.

Signature of Client

Printed Name of Client

Date _____