TRANSFORM YOUR LIFE COUNSELING

KIM JOHNSON, L.C.S.W. KD JOHNSON & ASSOCIATES

2140 Professional Drive, Suite 205 Telephone (916) 780-2575

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Roseville, California 95661 Fax (916) 787-5616

THERAPEUTIC CONTRACT

The Therapy Process — Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between martial partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. As part of my therapeutic process, I use several techniques including Eye Movement, Desensitization and Reprocessing. My theoretical perspective is a combination of Family Systems and Cognitive-Behavioral Approaches.

<u>Client's Rights</u> — You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

- 1. You have the right to know the content of your records at any time, and I have the right to provide you with the complete records or a summary of their content.
- 2. If you ask me, I can release any part of your records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you.
- 3. Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:
 - a. Revealing to me active child abuse or neglect. If an alleged perpetrator is in contact with minors and there is a reasonable suspicion that he/she may be abusing minors. Active abuse of a dependent adult or an elder is taking place.
 - b. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
 - c. If you are in therapy or are being tested by order of the court, the results of the treatment or test ordered must be revealed to that court.
 - d. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in a subpoena.

- e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
- 4. You have the right to ask questions about any of the procedures used in the course of the therapy.
- 5. Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
- 6. You have the right to terminate therapy with me at any time without any financial, legal or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
 - a. When I determine that therapy is no longer beneficial to you.
 - b. When you refuse to cooperate with treatment.
 - c. When I believe that you will be better served by another professional.
 - d. When you have not paid for the last two sessions, unless special arrangements have been made with me.
 - e. When you have failed to show up for your last two therapy sessions without a 24-hour notice.
 - f. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified. If I have written consent, I will provide you with information they request.

If any of these situations apply, I will send you a certified letter to your address of record to inform you of my decision. I will also give you the names of several therapists for your future counseling needs.

As life can bring unexpected circumstances, should I be unable to continue your therapy, a trusted colleague will contact you to discuss what would be best for you at that time.

	apy — I agree to enter t sions during the next _	herapy with Kim Johnson, L.C.S.W. for weeks.
I will make payment in cash made other arrangements. It financial, legal or moral oblig contract. I am contracting on	or by check at the time understand that I can legation to complete the rely to pay for completed	for each completed fifty minute sessions. of the therapy appointment, unless we have ave therapy at any time and that I have no maximum number of sessions listed in this therapy sessions or session I miss without ined in the Office Polices section.
Date	Client's Signature	
Date	Therapist's Signature	

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CONSENT FOR TREATMENT

	chological examination	authorize and request that Kim Johnson, as, diagnostics procedures, and/or treatment patient are advisable.
1 1	v 1	rill be explained to me and be subject to my Consent for Treatment form.
Date	Client's Signature	
Date	Therapist's Signati	ure

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OFFICE POLICES

<u>Payment of Service</u> – You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify me if any problem arises regarding your ability to make timely payment.

<u>Insurance Reimbursement</u> – Patients who carry insurance will bill their insurance unless otherwise agreed upon. I will provide you with the appropriate billing information, which you will send for reimbursement.

<u>Cancellation</u> – Since an appointment reserves time specifically for you, a minimum of 24-hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without such notification. Most insurance companies do not reimburse for sessions missed.

Office Hours – My office hours are from 08:30 AM to 05:30 PM, Monday, Tuesday, Thursday and Friday. (I am not in the office on Wednesday.) If you need to contact me between sessions, please leave me a message. I will return your call ASAP.

<u>Telephone Time</u> – After 5 minutes of telephone time, you will be charged at your regular fee.

<u>Sessions Greater Than 50 Minutes</u> – Sessions that go beyond the fifty minutes will be prorated to the nearest quarter hour, unless you have made prior arrangements with me.

<u>Emergency Procedure</u> — An emergency is an unexpected event that requires immediate attention and can be a threat to your health. If an emergency situation arises, please state this when you leave your message. I will return your call as soon as possible. After 5 minutes of telephone time, you will be charged on a prorated basis. If I have not called you back within 60 minutes and the emergency persists, and the emergency requires it, please call your physician or admit yourself to a hospital for observation. I have read and understand this office polices.

Date	Client's Signature
Date	Therapist's Signature