



turnerwood

MARRIAGE AND FAMILY THERAPY, INC.

AGREEMENT FOR SERVICE AND INFORMED CONSENT

INTRODUCTION

This agreement provides you with important information regarding the policies, practices, and procedures of TurnerWood Marriage and Family Therapy, Inc. and clarifies the terms of the professional therapeutic relationship between you (or your child) and your therapist. Please discuss any questions or concerns you have about this agreement with your therapist before you sign it.

RISKS AND BENEFITS OF THERAPY

Psychotherapy is a process in which you and your therapist (and sometimes other family members) will discuss a variety of issues, events, experiences, and memories for the purpose of creating positive change to help you experience life more fully. It provides you with an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and your therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Minor children benefit the most from therapy when their parents, guardians, or other caregivers are supportive of the therapeutic process.

Participating in therapy may result in a number of benefits, 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 usually require substantial effort on your part (and sometimes on the part of other family members), including honesty, an active participation in the therapeutic process, and a willingness to change thoughts, feelings, and behaviors. However, there is no guarantee that therapy will yield any of these benefits.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events and experiences. The process may evoke strong feelings, such as sadness, anger, or fear. There may be times in which your therapist will challenge your perceptions and assumptions, and offer different perspectives. Also, the issues you present may result in unintended outcomes, including changes in your personal relationships. Decisions you make about the status of your personal relationships are solely your responsibility.

RECORDS AND RECORDKEEPING

Your therapist may take notes during your sessions, and will also produce other notes and records regarding your treatment. These notes constitute your therapist's clinical and business records, which by law, your therapist is required to maintain. Such records are the sole property of your therapist. Your therapist will not alter his or her normal record keeping process at the request of any client. Should you request a copy of your therapist's records, such a request must be made in writing. Your therapist reserves the right, under California law, to provide you with a treatment summary in lieu of actual records. Your therapist also reserves the right to refuse to produce a copy of the records under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Your therapist will maintain your records for ten years following the end of therapy. After ten years your records will be destroyed in a manner that preserves your confidentiality.

CONFIDENTIALITY

The information you disclose is generally confidential and will not be released to any third party without your written authorization, 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 client makes a serious threat of violence towards a reasonably identifiable victim; or when a client is dangerous to him/herself or the person or property of another. When the client is a minor child, parents and legal guardians should be aware that the therapist is not a conduit of information from the child. Psychotherapy can only be effective if there is a trusting and confidential relationship between the therapist and client. Although parents and legal guardians can expect to be kept up to date about their child's progress in therapy, they are generally not privy to detailed information discussed between the therapist and client. However, parents or guardians can expect to be informed of any serious concerns the therapist has regarding the safety and well-being of their child, including suicidality.

CLIENT LITIGATION

Your therapist will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. Your therapist has a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matters. Your therapist will generally not provide records or testimony unless compelled to do so. Should your therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse your therapist for any time spent for preparation, travel, or other time involved. You agree to reimburse your therapist at his or her usual and customary hourly rate of \$125 per hour.

PSYCHOTHERAPIST-CLIENT PRIVILEGE

The information you disclose to your therapist, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between you and your therapist in the eyes of the law. It is akin to the attorney-client

privilege or the doctor-client privilege. Typically, you, the client, are the holder of the psychotherapist-client privilege. When the client is a minor child, the holder of the psychotherapist-client privilege is either the minor, a court-appointed guardian, or minor’s counsel. Parents typically do not have the authority to waive the psychotherapist client privilege for their minor children. If your therapist received a subpoena for records, deposition testimony, or testimony in a court of law, your therapist will assert the psychotherapist-client privilege on your behalf until instructed, in writing, to do otherwise by you or your legal representative. You should be aware that you might be waiving the psychotherapist-client privilege if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the privilege with your attorney.

FEE AND FEE ARRANGEMENTS

Our usual and customary fee for counseling is **\$125** for each **60-minute session**. However, for clients who qualify, we offer reduced-rate counseling services based on a sliding scale. The table below identifies how fees in our practice are calculated. Please let us know which fee applies to you.

Annual Gross Household Income	Session Fee
\$100,000 and above	\$125
\$95,000 to \$99,999	\$120
\$90,000 to \$94,999	\$115
\$85,000 to \$89,999	\$110
\$80,000 to \$84,999	\$105
\$75,000 to \$79,999	\$100
\$70,000 to \$74,999	\$95
\$65,000 to \$69,999	\$90
\$64,999 and below	\$85

The agreed upon fee for services is _____, and payment is due at the time services are rendered. We reserve the right to periodically adjust the fee. You will be notified of any fee adjustment in advance. We accept cash, checks, Visa, and Mastercard. We are not contracted providers with any insurance company or managed care organization. If you choose to use your insurance, your therapist will provide you with a statement of fees already paid, which you can submit to the third-party of your choice to seek reimbursement.

THERAPIST AVAILABILITY

Your therapist will provide you with a telephone number so you can leave a message for your therapist at any time. Your 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. Your therapist is unable to provide 24-hour crisis service. If you feel unsafe or require immediate medical or psychiatric assistance, call 911 or go to the nearest emergency room.

TERMINATION

Your therapist reserves the right to terminate therapy at his or 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 fully participate in therapy, excessive no-shows or cancellations, client needs that are outside of therapist's scope of competence or practice, or lack of progress in therapy. You also have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, your therapist may recommend that you participate in 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. Your therapist may also attempt to ensure a smooth transition to another therapist by providing a referral.

AGREEMENT

I, _____ (client name), acknowledge that I have reviewed and fully understand the terms and conditions of this agreement. I agree to abide by these terms and conditions and consent to participate in psychotherapy with _____ (therapist name). I have discussed the terms and conditions with my therapist, and my therapist has answered my questions to my satisfaction. Moreover, I agree to hold my therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from my treatment in therapy.

Client signature: _____ Date: _____

Client signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Therapist signature: _____ Date: _____