



Welcome to my practice. I trust that you will experience a professional approach within an atmosphere of warmth and sensitive concern. As a Licensed Marriage and Family Therapist, I provide individual, couple, and family therapy. Our work together will be from the Emotionally Focused Therapy (EFT) and Humanistic theoretical perspectives. To begin, we will identify presenting problems to determine the purpose for seeking therapy, formulate goals, and identify a plan for the transition from therapy. You may ask questions about any procedures used during therapy. Either of us may end or terminate therapy at any time. Your voluntary involvement allows you to discontinue at any time. If your therapist feels you are no longer benefiting from therapy or feels there is a conflict of interest, they may discuss termination. If you desire additional counseling your therapist will provide you with a referral to address your issues. My goal is to provide you with the highest possible quality of care, designed to help you achieve and maintain a satisfying and productive life. Participation in psychotherapy can result in many benefits, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. There are some risks as well, for example, resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not have been originally intended. We will work collaboratively toward a desirable outcome.

Fees and Insurance

The fee is \$185 per 50-minute session (45 minutes in length for counseling with adolescents) and \$275 per 75-minute session. This rate also applies to diagnostic evaluations, consultations on your behalf (i.e., medical or school consultations), and correspondence or telephone calls (which involve more than organizational issues such as making or changing an appointment). In other words, you will be billed at the current rate for the time spent with you and on your behalf. Payment is due at the time of your appointment. Because your appointment time has been reserved for you, I ask for 24-hour advance notice for cancellations. Otherwise, you will be charged the full fee for the missed appointment. If you wish to use your medical insurance to pay for psychotherapy, you may waive some of your rights to confidentiality. When you use insurance, a psychiatric diagnosis is assigned and transmitted to your insurance company. As an out-of-network provider, I can provide you with a statement you may submit for insurance reimbursement and/or for tax purposes.

Confidentiality

Within certain limits, information revealed by you during therapy will be held in confidence. The following are exceptions:

- Child, vulnerable adult, and elder abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, physical abuse, etc. If you reveal information about abuse or neglect, I am required by law to report it to the appropriate authority.
- I am permitted to take steps to protect your safety if there are threats, plans, or attempts to harm oneself, which may include disclosure of confidential information.
- Therapists have a duty to warn when a client communicates a serious threat of physical violence against a reasonably identifiable victim(s). The therapist will make efforts to communicate the threat to the victim(s) and to a law enforcement agency.
- If a therapist receives a subpoena for your records, the therapist will contact you so you may take steps you deem necessary to prevent the release of your confidential information. If a court of law issues a legitimate court order, the therapist is required by law to provide the information

specifically described in the order. If therapy is court-ordered, the court may request records or documentation of participation in services. The therapist will discuss this with you.

- Client(s) must sign a release of information form before any information may be sent to a third party. A summary may be given in lieu of psychotherapy notes. If therapy sessions involve more than one person, each person over the age of 18 must sign the release of information.
- In the case of a payment dispute, the therapist reserves the right to provide the necessary documentation (i.e., your signature on this form) to a financial institution. If there is a financial balance on your account, a bill may be sent to the address you provided on the intake form.
- When working with couples or families, all laws of confidentiality exist. The therapist may request that clients do not ask the therapist to keep a secret that is detrimental to the therapy goal.
- Your telephone number may be on my personal cell phone to assist with scheduling appointments. Email or text between therapist and client is subject to possible security breaches and should not be considered a confidential form of communication. To protect your confidentiality, please do not communicate sensitive information over email or text.

Consultation

Professional consultation is an important component of healthy psychotherapy practice. To provide the best possible treatment, I participate in consultation with highly qualified professionals. I may present your case along with a summary of the presenting issue(s). After the case has been presented, the professionals in the group will collaborate with me on how to best work with the presenting relationship dynamics. I may ask you for permission to record our therapy session for educational or consultation purposes. You may request to stop recording at any time. Your confidentiality will be protected, and recorded sessions will be erased following the use I have been granted. If any supervisee or clinician knows you or other therapy participants, they will not be allowed to view the recorded session and I will maintain your confidentiality as per standard professional guidelines.

By initialing below, I give my consent to allow:

_____ a) recordings to be shared with a consultation group and/or for training purposes with minimal background, relationship, and clinical history revealed.

_____ b) recordings for my review only.

Contact

If you need to contact me between sessions, please call (801) 803-3427. I'm not always available immediately; however, if you leave a message with a phone number, I will do my best to get back to you as soon as possible, usually within 48 hours. I do not provide 24-hour crisis services. In the event of an emergency or crisis, please call 911, or call the crisis line at (801) 587-3000 or go to the nearest emergency room. You may also call the University of Utah Neuropsychiatric Institute at (801) 583-2500.

Legal Involvement

The oppositional nature of legal proceedings is not in alignment with my approach to therapy and limits my ability to be a beneficial therapist. As such, you agree not to bring our therapy work into legal proceedings. Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in

court for a matter relating to your treatment or case. To protect your confidentiality, I strongly suggest not being involved in court activities. If I am asked or required to participate in any legal proceedings by you or your attorney, you will be billed \$400 per hour for time spent traveling, preparing, testifying, writing summaries, being in attendance, and any other case-related costs.

Telehealth

Although telehealth is an acceptable practice for psychotherapists, there are still unique challenges associated with its use. There are inherent limitations given the nature of the media involved. There are certain risks to your privacy that are unavoidable when using telehealth. Maintaining confidentiality is a shared responsibility between the client and therapist. If you ever feel that your treatment needs are not being met through a telehealth modality, please address this directly with me so that we may explore your concerns and alternate ways to meet your treatment goals. While participating in telehealth services, it is important we have a plan established to respond to emergencies that may arise since I am not physically present.

Consent

I have read this contract, had any questions answered to my satisfaction, and fully agree to the terms and conditions of this document.

Client Name and Signature

Date

Client Name and Signature

Date

Emergency Contact

Phone Number

Therapist Name and Signature

Date