



INFORMED CONSENT & PROFESSIONAL SERVICE AGREEMENT

Welcome to my practice. I trust that you will experience a professional approach within an atmosphere of warmth and sensitive concern. I am a Licensed Associate Marriage & Family Therapist (LAMFT) in Utah (13977574-3904) and provide individual, couple, and family therapy. As an associate, I work under the supervision of Sara Collins, Licensed Marriage & Family Therapist (LMFT 9363263-3902). Our work together will be from the Emotionally Focused Therapy (EFT) and Internal Family Systems (IFS) theoretical perspectives. I am trained in Emotionally Focused Therapy through the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT), and I am a Level 1 Internal Family Systems therapist through the Internal Family Systems Institute (IFSI). 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.

Fees and Insurance

The fee is \$150 per 50-minute session (45 minutes in length for counseling with adolescents) and \$225 per 75-minute session (longer sessions will be prorated accordingly). 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/or on your behalf. Payment is due at the time of your appointment.

Because your appointment time has been reserved for you, I have a 24-hour cancellation policy. You will be charged the full fee for a missed appointment when you do not provide 24-hour notice. Should you or I become ill after the cancellation window (24hrs before our scheduled session) but still wish to keep the session, we will respect one another's health by communicating about the illness and meeting via telehealth.

If you wish to use your medical insurance benefits to help pay for psychotherapy, you should know that I am an "out of network" provider and I do not contract with any insurance company. I can provide you with a statement also known as a "Superbill" that you may provide to your insurance provider. If you have any questions about your mental health coverage, please contact your insurance provider directly. You may waive some of your rights to confidentiality when using insurance; for example, when you use insurance, a psychiatric diagnosis will be assigned to you and transmitted to your insurance company.

Confidentiality

Within certain limits, information revealed by you during therapy will be held in confidence. The following are exceptions: child, dependent 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. Please familiarize yourself with the following limits to confidentiality:

- Therapists are 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.
- Client(s) must sign a release of information authorization 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 participating in couple or family therapy, all laws of confidentiality exist. The therapist may request that clients not ask the therapist to keep a secret that could be detrimental to the therapy goals.
- Your telephone number may be stored on your therapist's 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.

Telehealth

Telehealth is an acceptable practice for psychotherapists and there are unique challenges and benefits 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.

Consultation and Supervision

Professional consultation is an important component of a healthy psychotherapy practice. As a licensed associate, and to provide the best possible treatment, I participate in consultation and supervision with other highly qualified professionals. I may present non-identifying information about 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 internal and/or relationship dynamics. I may ask you for permission to record our therapy sessions for supervision, education, 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 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.

_____ I/we give consent to allow recorded segments of therapy sessions to be shared with a supervisor/consultation group and/or for training purposes with minimal background, relationship, and clinical history revealed.

Contact

If you need to contact me between sessions, please text or call (801) 998-2099. I'm not always available immediately; however, if you leave a text/voicemail 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 211 or 988. You may also dial 911 and ask for a Crisis Intervention Team Officer. The crisis line can also be reached at (801) 587-3000, or you may go to the nearest emergency room. You may also call the Huntsman Mental Health Institute at (801) 583-2500.

Ethical Considerations and Professional Boundaries

You may ask questions about any procedures used during therapy. Any participant in the therapy unit, including the client or therapist, may end or terminate therapy at any time and your voluntary involvement allows you to discontinue at any time. If any participant in the therapy unit feels there is no longer a benefit from therapy or discovers there is a conflict of interest, we may discuss termination. If you desire additional therapy, you will be provided with referrals. You are welcome to seek a second opinion or seek out another therapist at any time. My goal is to provide you with a high quality of care, designed to help you achieve and maintain your therapy goals. Participation in psychotherapy can result in many benefits, including improving interpersonal relationships, improving emotional stability, 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 and difficult 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.

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 request that I not be involved in any of your court activities. If I am asked or required to participate in any legal proceedings by you or your attorney, you will be billed \$200 per hour for time spent traveling, preparing, testifying, writing summaries, being in attendance, and any other case-related costs.

When you enter a professional relationship with a therapist, a dual relationship between you and the therapist, or one that is romantic, financially motivated, sexual, or otherwise, risks impacting the therapist’s judgment or the quality of the services provided; it is never appropriate, and it should be reported to the Division of Professional Licensing (DOPL) at (801) 530-6628. Please visit dopl.utah.gov for more information about standards of appropriate care and ethical boundaries.

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
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Client Name and Signature	Date
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Emergency Contact	Phone Number
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Therapist Name and Signature	Date
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