

CLIENT POLICIES, CONSENT FOR TREATMENT, AND FEE AGREEMENT

Welcome! The therapeutic relationship is unique: both highly personal and a contractual agreement. It is important that we begin with a clear understanding about how our relationship will work and what each of us can expect. This document provides important information about your treatment. Please read it carefully, initial where indicated, and sign the second page. Feel free to ask me any questions before signing.

My Background - My resume is at occounseling.net. You are welcome to ask questions anytime about my background and approach.

Benefits and Risks - Therapy is an open and dynamic process whose course depends upon our mutual willingness to collaboratively continue the process, as well as upon unforeseeable life events.

The benefits of therapy *may* include reduced stress, anxiety, negative thoughts, and self-defeating behaviors; improved relationships; increased comfort in social, school, and/or family settings; increased self-confidence; and a more hopeful attitude toward life.

You *may* experience discomfort as you recall painful experiences; analyze current distress and problems; and experience difficult emotions such as strong sadness, anger, or fear. Changes in your perspective, thoughts, or feelings may have unintended outcomes, including changes in personal relationships. Over the course of therapy, you may feel worse before you feel better, as is natural and expected in a healing process.

Commitment - Therapy is a significant investment of time and money. I encourage you to make a commitment to getting the most from your sessions by attending regularly and being open to the experience of making a change in the direction of your goals.

Therapeutic Relationship - The therapeutic relationship needs to be different from most other relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must be limited to the relationship of therapist and client only, to protect both client and therapist. I cannot have any business or social relationship with you besides the therapy relationship, and I cannot have any romantic or sexual relationship with a former

or current client, or anyone close to a client. To preserve your confidentiality, if we see each other in public, I will not initiate contact (but you are free to).

Availability/Emergencies - I am available for scheduled appointments. Telephone contact between office visits is welcome but is best kept brief, as important issues are better addressed in person. You may leave a message anytime on my confidential voicemail, and I will respond within one business day. I do not offer emergency services. In the event of an emergency involving a threat to your or another's safety, please call 911 or go to your nearest emergency room.

Confidentiality - State law and professional ethics require that I hold all communication between us in strict confidence unless you provide written permission to release information about your treatment, or in these situations: 1) If I suspect abuse or neglect of a child, elder, or dependent adult; 2) If you are a danger to yourself or others; 3) If you are gravely mentally disabled; 4) If a judge requires disclosure. Please see the separate HIPAA Notice of Privacy Practices provided.

Minors - Communications between a therapist and a client under age 18 are confidential. Upon request, in the exercise of my professional judgment, I may provide parents or guardians with only a general summary of the treatment progress of a minor client.

No Secrets Policy - If you participate in an individual session with me while concurrently in couple therapy, the information you reveal in your individual session *may* be used by me in your joint session, based on my professional judgment. If you reveal information that I believe is important for your partner to know, I will not continue couples therapy with that as a secret.

Couple/Family Therapy - To provide you with the best possible therapy, I recommend that you allow me to record your sessions so that I can review them. In addition, if you consent to it, I may share brief portions with a Certified Supervisor in Emotionally Focused Therapy and other therapists in my EFT training group to get their input, under strict confidentiality; any therapist who knows you would leave the room and not view the video. Please initial here if you agree to my recording your therapy sessions for consultation and review. You may withdraw this consent at any time and still continue treatment.

Consent to record sessions: _____

Termination of Therapy - The length of your treatment depends on the specifics of your treatment plan and the progress you achieve. We will discuss a plan for ending therapy as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you are not benefiting from treatment, either of us may initiate a discussion of treatment alternatives including referrals, changing your treatment plan, or terminating your therapy.

Fees - My fee is \$200 for 50 minutes or \$300 for 80 minutes. Payment is required at the beginning of each session by cash, check, or credit card. I do not accept insurance. Your PPO, if you have one, may partially

reimburse you if you submit a claim to them. I can provide a bill for you to submit with your claim. Interest is charged on past due amounts. If you cannot continue paying for therapy, please let me know, and I will do my best to provide appropriate options.

Additional Charges - If you request other professional services from me such as reading and responding to emails and messages, phone conversations, meetings with professionals, or preparing reports, the fees are half your regular fee for 11-30 minutes, and your full fee for 31-50 minutes. The first 10 minutes are free. As my focus is treatment, I do not normally attend legal proceedings, unless required to by law. My fee to prepare for and attend legal proceedings is \$250/hour.

Cancellations - To cancel or reschedule, please notify me at least 24 hours before your appointment. If you do not, you are responsible for payment of the session, which will be charged to your credit card on file. Exceptions may be made for extreme illness or emergency.

Credit Card on File - All clients must have current credit card information on file. Your card will not be charged if you pay by cash or check when payment is due. Your card will be charged for any outstanding balance, late cancellation, missed appointment, or returned check (plus a \$25 fee for returned checks).

I have reviewed and accept the above conditions of treatment, valid until 6 months after termination of services. I authorize Betsy Walli, LMFT, to charge my credit card on file as described above. I have received a HIPAA Notice of Privacy Practices.

Signature (Client 1)	Print Name (Client 1)	Date
Signature (Client 2)	Print Name (Client 2)	Date
Signature (Client 3)	Print Name (Client 3)	Date
Signature (Client 4)	Print Name (Client 4)	Date
Parent/Guardian Signature (if client is a minor)	Parent/Guardian Name (if client is a minor)	Date
Witness/Therapist Signature	<i>Betsy Walli, LMFT</i> Witness/Therapist Name	Date