



Notice of Privacy

Introduction

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.



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Treatment Plan - The first few sessions will involve an informal evaluation of your needs and reasons for coming to therapy at this time in your life. After these first few sessions you and I will develop a treatment plan that outlines the therapeutic work you will do, how you will do it and the goals for this work. You and I will electronically sign the treatment plan.

Therapist Availability and Emergencies - Telephone consultations between office visits are welcome. However, we will attempt to keep these contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave your name and phone number along with a brief message concerning the nature of your call. Non-urgent phone calls are returned within 24 to 48 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided in our voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Client Records - The Arizona Board of Behavioral Health Examiners requires that a clinical record is kept for each client. These records are kept in a secure, confidential location in order to protect your confidentiality. You have the right to review and/or receive a copy of your client record, or I will prepare a summary if you wish. It is our recommendation that if you decide to review your client record, you do so with your therapist or another mental health professional, so there can be a discussion about the contents. If you wish to review and or receive a copy of your client record, this must be in writing. I will respond to your request within 2 weeks. All client records are shredded 7 years after your last session. Prior to that date, or if your file is closed, you will be notified at your last known address and/or via email so that you may have the opportunity to request a copy of your records. You will have 30 days to respond to this notice. If you do not respond in 30 days, I will take this as a waiver of your right to a copy of your records.

ENDING OF THERAPY BY CLIENT The Consent for Treatment can be revoked by you at any time, and you have the right to leave therapy at any time. Ending therapy is an important part of the therapy process, regardless of how many sessions you have had. Please allow yourself at least one session for closure if you are ending before you and your therapist have discussed the ending of therapy.

ENDING OF THERAPY BY THERAPIST - Your therapist might agree to END your therapy and suggest another professional if you are not progressing in therapy or if the training and skills of the therapist are not what is needed for your clinical treatment. You and I will discuss the possible responses if these situations arise. If you as a client physically or verbally threaten to harm me or any of my family members, another client, and/or to any aspect of our relationship, I reserve the right to terminate you from therapy and contact the police if deemed necessary. If this situation should arise, I will give you referrals to other sources of care. If I experience an untimely incapacitation or death - there will be contact information provided to you to whom you can contact to forward copies of your client records with your authorization in our Policy and Procedures Manual.

Billing and Insurance Coverage - this organization does not accept Insurance for individual or couples therapy sessions. Payment is due at the time of service.



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In an effort to stay connected with our clients, we add client emails to our mailing list to receive occasional updates in addition to quality care surveys. Client quality care is of utmost importance to us and sending out surveys to ensure you feel you are receiving quality care is vital to our center. If you should choose to not receive these emails, there is an option to unsubscribe.

COMPLAINTS - If at any time you have a complaint about my practice, or any part of your experience at my organization, please contact: Arizona Board of Behavioral Health Examiners. 3443 North Central Avenue, Suite 1700, Phoenix, AZ 85012. 602-542-1882 or the Arizona Department of Health Services 150 N. 18th Ave, Ste 400 Phoenix, AZ 85701

Fees

- Consultation (15-Minute) No cost
- 50-Minute Individual Session - \$100.00.
- 75-Minute Couples Session - \$125.00

Your signature on this document constitutes an agreement to pay this fee for your therapy. Payment for counseling sessions is due at the time of session, unless otherwise arranged with your therapist. If you miss a session without notification, you will be charged for that session, unless it is due to circumstances beyond your control. If you need to miss a session, please plan in advance with your therapist as much as possible. If you provide 24 hours or more advanced notice of an absence, you will not be charged for that session. If you give less than 24 hours' notice of missing a session, you will be charged full price for that session. There will be a returned check fee equal to that charged by I's bank. There is also a charge for other professional services, including report writing, telephone conversations lasting longer than 15 minutes per week, answering email, attendance at meetings with other professionals that you have requested, the preparation of records or treatment summaries, and the time spent performing any other services you request of your therapist. These services will be billed at \$16.25 per quarter hour. If your account has not been paid for more than 30 days and arrangements for payment have not been made, I have the option of using legal means to secure payment for services. If such legal action is necessary, the costs will be included in the claim. In most collection situations, the only information released is your name, contact information, the nature of the services, and the amount due. If I decide on a change in fees, you will be notified at least 30 days in advance of this charge.

PRINT NAME

Signature

Date