

Therapy Agreement

Welcome.

This document contains important information about the services you will be receiving. Please read it carefully. Before signing, please ask me any questions you may have about the contents of the agreement.

Payment and Fees

I understand that payment is due at the time of service. Payment can be made with cash or check. I understand that the fees for service are as follows:
\$200 for a 60 minute session unless negotiated otherwise.

My negotiated rate is _____.

Cancellations and Missed Appointments

I agree that should I need to cancel an appointment, I will notify Linda Schlapfer at least 24 hours in advance. If I fail to do so, I understand that a \$100 cancellation fee may be charged.

Insurance

I understand that Linda Schlapfer is not an in-network provider with any insurance companies. If I would like to submit paperwork to my insurance company to be reimbursed at the rate set for out-of-network providers, I will notify her so she can provide me with the necessary documentation.

Confidentiality

I understand that what I discuss in my therapy sessions is strictly confidential, with the following exception:

My therapist is obligated to notify authorities and take professional action in response to statements of intent to harm oneself or another.

Minors and Confidentiality

I understand that communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in the therapeutic process. Therefore, Linda Schlapfer, in the exercise of her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are encouraged to discuss any questions or concerns that they have on this topic with me.

My Office

I share my office suite with other mental health professionals. I am a sole independent practitioner with no affiliation to any other practitioner in the office suite. Please contact me directly if you have any concerns with this arrangement at any time during the course of our work together.

Therapist Availability and Emergencies

I am often not immediately available by telephone or text message. While I am usually in my office during regular business hours I will not answer the phone when I am with a client. When I am unavailable my telephone is answered by voicemail that I monitor frequently. I will make an effort to return your call on the same day. If you are difficult to reach, please inform me of some times when you will be available.

Electronic Communication

Please be advised that the use of email, cell phone texting, and other forms of technology in psychotherapy may have security concerns and have not been defined as a best-practice strategy. Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. Communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Therefore, the therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically. Do not include personal identifying information such as your birth date, or personal medical information in any emails you send.

Email/texting communication is NOT to be used to provide/receive treatment services or take the place of therapy sessions. Therefore, email/texting should NOT be used to communicate: Suicidal or homicidal thoughts or plans, urgent or emergency issues, serious or severe side effects or concerns, or rapidly worsening symptoms. In a life-threatening emergency clients should call 911.

No one can diagnose your condition from email or other written communications, and communication via a website cannot replace the relationship you have with your mental health practitioner. The use of email, cell phone, or other forms of technology does not change the fact that the service provided by Linda Schlapfer, are regular psychotherapy sessions scheduled and confirmed by both parties in advance of the sessions.

I have thoroughly considered all of the above information. By signing the Therapy Agreement form I consent to the use of email/cell phone texting as needed for scheduling and administrative purposes only, within the guidelines above. If more urgent help is needed, I will utilize the crisis services listed above. Furthermore, if at any time my therapist

or I believe email/texting is interfering in my therapeutic process or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to email/texts, and insist upon a verbal conversation before proceeding.

Litigation Limitation

I agree that if I am involved in any legal proceedings during the course of therapy (including, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither my attorney nor I, nor anyone else acting on my behalf, will call on Linda Schlapfer to testify in court or at any other proceeding. I agree to not ask Linda Schlapfer, to disclose my confidential records as part of my legal proceedings.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. Therapists and clients are partners in the therapeutic process and you have the right to agree or disagree with your therapist's recommendations and your feedback regarding your progress is strongly encouraged. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

I understand that the number of sessions and timing of the eventual termination of therapy will depend on my particular goals and the progress I achieve. I understand that I may discontinue therapy at any time. If Linda Schlapfer, or I determine that I am not benefiting from treatment, I agree that either of us may elect to initiate a discussion of treatment alternatives, which may include adjusting or changing my goals, being referred to another provider, or terminating therapy.

I have carefully read the information in this agreement and fully understand all the areas covered.

_____ Name (Print)

_____ Name (Print)

_____ Signature Date

_____ Signature Date