



OUTPATIENT THERAPY CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

SESSIONS

I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more/less frequent. Once an appointment hour is scheduled, you will be expected to pay \$50 unless you provide 8 hours advance notice of cancellation.

PROFESSIONAL FEES

My hourly fee is \$100, unless you are using health insurance or EAP benefits, in which case you are responsible for your co-pays, coinsurance, and/or deductible only. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, additional fees for preparation and attendance at any legal proceeding will be charged. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement.

INDIVIDUAL | GROUP | COUPLES | FAMILIES | SPECIALIZING IN AGES 8 AND UP

Pennsylvania Licensed Marriage and Family Therapist | Clinical Member of American Association of Marriage and Family Therapy
Certified Secondary School Counselor | U.S. Department of Transportation Substance Abuse Professional

5 Christy Drive, Suite 102 | Chadds Ford, PA 19317 | Phone: 215-840-2311 | Fax: 610-459-9860

CONTACTING ME

I am often not immediately available by telephone. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they will respect your privacy. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another person, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek protective psychiatric care for him/her or to contact family members or others who can help provide protection.

While these situations are rare in my practice, it is important that you understand your rights and my obligations. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

This information is required by the Board of Social Workers, Marriage and Family Therapists, and Professional Counselors, which regulates marriage and family therapists.

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

Commonwealth of Pennsylvania, Department of the State

Bureau of Professional and Occupational Affairs

P.O. Box 2649

Harrisburg, PA 17105-2649

(717)-787-8503

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of Client

Date

Printed Name of Client

Signature of Therapist

Date