

## **Psych Services**

### **Treatment Agreement**

#### **Consent for Treatment:**

Welcome to Psych Services. Please read this information sheet carefully and discuss any questions you may have regarding the material with your therapist.

Therapy is a partnership between client and therapist. The therapist is responsible for providing a sanctuary for you to work on issues that are problems for you. It is your responsibility to come for appointments, discuss problems and feelings, and decide on courses of action. Your therapist will help and support you throughout this process, but you will need to be an active participant. Your ideas and concerns will be respected by your therapist.

Individuals often feel uncomfortable when beginning therapy. This is expected. You may find yourself having to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, family, and co-workers. It is possible that you might become somewhat depressed. Counseling is intended to alleviate problems, but sometimes, especially at first, and as you get to the root of some things, you may feel them even more acutely than in the past. Sometimes counseling requires trying new ways of doing things. You will always be free to move at your own pace, however. We will challenge your old ways of thinking and doing things, but we cannot offer any promise about the results you will experience. Your outcome will depend on many things. If uncomfortable feelings persist beyond the first few sessions, please discuss these feelings with your therapist. Your therapist wants to provide the best possible treatment for you and needs your input in determining how to provide that treatment. It also may be necessary to make a referral to another therapist in the event that someone else would be better suited to work with you.

If we believe that your problems require knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral with you before we act. At the very beginning we will create a treatment plan with you. That is, we will look at what you would like to change, what we will do to change it, how we will know you are succeeding, and how long it will take. Every now and again, we will review that plan to see if it needs to be updated.

By signing this document you are voluntarily consenting to treatment at Psych Services and understand this treatment may consist of individual, family, or group therapy, medication and psychological testing.

#### **Confidentiality:**

The content of your sessions with your therapist will be kept confidential. This includes conversations, records, and any information that you give us. There are some limits to your legal privilege, some exceptions you should understand before we start.

If we believe there is a risk that you might harm yourself or someone else, we may be required to contact the authorities or the other person to give them the opportunity to protect you or the other person. If you are abusing children or elderly people, we are required by law to notify the authorities, so they can protect others from harm. Also, if you become involved in any injury lawsuit in which you claim compensation for emotional pain and suffering- then the court or the lawyers may insist upon, and may obtain your information from us. Similarly, you would lose the protection of your privilege if you file a complaint against our office with the state licensing board.

The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third party payer, our office must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. You should also understand that insurance and managed care information is often stored in national computer databases. If we find ourselves in a dispute with you over billing, our office may only provide the information necessary to clarify and collect any outstanding balance.

### **Our Office Policies:**

We schedule appointments to begin at the top of each hour. Counseling sessions usually last 45-50 minutes, and we must end each session promptly. Payment is due at the time of your appointment. Our office charges a \$30 fee for any check returned for any reason.

Our telephone is answered twenty-four hours a day by a mechanical answering system. Through the day, we check messages regularly, and whenever possible we try to return phone calls the same day. If we have not returned your call within twenty-four hours, please try again as your message may have been lost. We do not check office messages after 5:00pm on weekdays or routinely on weekends. If you have an emergency after 5:00pm or on a weekend, **call 911, or go to an emergency room.**

When we are out of the office for several days, the messages you leave may be answered by another counselor. We will probably not have discussed your case with that person, but he or she will make every effort to be helpful to you in our absence. If we have another professional taking calls while we are away, please realize that we have confidence that that professional is properly trained to be helpful to you. To the extent possible we will keep you informed about when we are away from the office and when we will return.

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Client 12 years or older

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Date

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Parent or Legal Guardian

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Date

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Witness

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Date