

FAMILY AND FINANCIAL THERAPY OF FLORIDA

4055 NW 43rd Avenue Suite 21
Gainesville, Florida 32606

Info@FamilyandFinancialTherapy.com
352-641-0239

Services Agreement

The services provided by Family and Financial Therapy of Florida LLC are designed to help you achieve the changes you desire in your life. Therapy and coaching requires considerable time, effort, and money. Therefore, it is essential that we have a mutually shared understanding about the process of therapy and coaching. This document details the professional services of Family and Financial Therapy of Florida LLC. You are encouraged to review carefully and discuss your questions or concerns with Dr. Jean Theurer, LMHC, LMFT, CRP®. Your signature on this form indicates your acceptance and understanding of the terms outlined.

Confidentiality: Confidentiality is very important in the therapeutic relationship and all information discussed in sessions, with exceptions noted below, are kept private and confidential. However, I am mandated by law to share information if: a) you sign a release of information to a third party, b) there is a suspicion of child or elder abuse, c) there are threats of serious harm to oneself or others or d) a court of law subpoenas information for a legal proceeding. If one of these rare circumstances arises, every effort will be made to discuss the reporting process with you.

In the state of Florida, clinical records are the property of the practicing professional. Upon written request, a narrative summary of treatment will be provided.

If communication occurs via email or text message, the transmission and its content are not confidential. Therefore, do not put any information in an email or text that you want to remain private.

To prevent an accidental breach of confidentiality, I will not acknowledge our relationship if we see each other outside of our therapy sessions. However, you are welcome to approach me.

When working with couples and families, therapy sessions with one family member or partner may be beneficial to further understand relationship interactions. Some clients share secrets about their relationship during this time. Often times, these secrets are the reason that therapy is sought. Since it is my experience that secrets can become a barrier to connection and intimacy, confidentiality cannot be assured.

Payment Policies: A free 15-minute phone consultation is conducted before scheduling. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If you agree, I will usually schedule a 90-minute intake session for a fee of \$160. Subsequent sessions last for 60-minutes and are \$120/hour, unless you meet criteria for a sliding scale fee arrangement. After one hour, the session fee is prorated in 15-minute increments, if necessary. The \$120/hour fee is also applicable to other services that directly relate to treatment (e.g. client telephone consultations, attending school conferences, writing reports, meeting with other professionals on your behalf). If my services are required for court related issues (e.g. depositions, courtroom testimony, travel time), the fee is \$300 per hour.

If you should you need to cancel an appointment, please send an email to info@FamilyandFinancialTherapy.com or leave a voicemail at 352-641-0239. If notification is received at least 24 hours before the appointment, no fee for services will be charged. However, you will be charged the full session fee for an appointment that you miss without giving advance notice.

FAMILY AND FINANCIAL THERAPY OF FLORIDA

4055 NW 43rd Avenue Suite 21
Gainesville, Florida 32606

Info@FamilyandFinancialTherapy.com
352-641-0239

Communication. You may leave a voicemail message at 352-641-0239 or send an email to Info@FamilyandFinancialTherapy.com. If you have not received a reply within 24 hours, with exception to weekends and holidays, please contact me again.

Cell Phones, Text Messaging and Email: Electronic communication may be used to initiate and obtain information about therapeutic services, schedule appointments, transmit documents, and similar purposes initiated by the client or the therapist. Since cell phones, text messaging, and emailing are not secure means of communication and may compromise your confidentiality, there are limits to how I utilize these forms of communication with clients. Electronic communication is not an appropriate means of terminating services or contacting therapist in the event of a crisis situation whereby your safety or the safety of others may be at risk. Do not use electronic communication to bring up any therapeutic content or issues, unless this has been previously discussed and agreed upon by both therapist and client. All email correspondence and text messages will be kept as part of your clinical record.

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is my policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. You are welcome to "follow" me on any of the professional pages where I post. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Family and Financial Therapy of Florida LLC.

Emergency Services. If you are experiencing a mental health crisis,

- contact your family physician
- go to the nearest emergency room and ask for an on-call psychiatrist
- call the Alachua County Crisis Center at 352-264-6789
- call Suicide Prevention Hotline at 1-800-273-8255
- call 911, in the case of a life-threatening emergency

By signing below, I

- Authorize treatment
- Understand that Dr. Jean Theurer is a mandated reporter
- Acknowledge the explanations to the limitations to confidentiality
- Accept responsibility for payment of all fees
- Give permission to call _____ at _____ in case of an emergency
- Received a copy of this agreement

Client name	Signature	Date
--------------------	------------------	-------------

Parent name (if client is a minor)	Signature	Date
---	------------------	-------------