



Therapist-Client Agreement & Informed Consent Form

Welcome to my practice. This document contains important information about my professional services and business policies as well as your rights and responsibilities as the client. When you sign this document, it will represent an agreement between us, and will serve as your informed consent for treatment. You may revoke this agreement in writing and discontinue therapy at any time. That revocation will be immediately binding on me, unless I have already taken action in reliance on it or if you have not satisfied any financial obligations you have incurred. **Please read this document carefully** and make note of any questions you might have so that we may discuss them during our first session.

Confidentiality Statement

All information shared in this treatment is confidential except in circumstances governed by law. If you would like me to confer with another healthcare professional, you will need to sign a "Release of Information" form. This permission can be revoked by you at any time. Both parties agree to take all reasonable measures to ensure confidentiality with any communication over the phone, electronic mail, and/or the Internet.

Missed Appointments and Cancellation Policy

Once an appointment date and time has been scheduled, that time slot is reserved for you. You will be charged for appointments missed without notification or cancelled with less than 24 hours' notice.

Professional Fees

I will review my fee per session with you. In addition to my weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Examples of other services include report writing and phone sessions. If you become involved in legal proceedings that require my participation, I will bill you for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Fees are subject to yearly increases. I will provide you notice regarding any fee change.

Billing and Payments

Payment for services is due at the time of service. Payment can be made with cash, personal check, and credit card via IVY PAY. You will be charged \$20.00 for returned checks.

Payment schedules for other professional services will be agreed to when they are requested. If you wish to use insurance for out-of-network coverage, please let me know so I may provide forms necessary for reimbursement. If you choose to use out-of-network coverage, you will be expected to pay for sessions prior to submitting claims for reimbursement. If you do not cancel a scheduled appointment at least 24-hours in advance, you will be charged the full fee for the session; however, emergencies do come up and the fee can be waived.

Contacting Me

Due to my work schedule, I am often not immediately available by telephone. If you should need to call me between scheduled sessions, you can do so by leaving a message on my confidential voice mail. I will make every effort to return your call within 24 hours. I may not be able to return calls during weekends, holidays and scheduled vacations.

Although I check my messages frequently, I do not provide 24-hour emergency service. 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 by dialing 911.

Social Media Policy

Please be advised that my professional ethics prohibits me from having virtual relationships with my counseling clients. I, therefore, do not accept friend requests or connection requests of any kind on any social media sites from my counseling clients.

Limits of Confidentiality

The law protects the privacy of all communications between a client and therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and/or treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without 1) your (or your legal representative's) written authorization; 2) a court order; or 3) you informing me that you are seeking a protective order against my compliance with a subpoena that has been properly served on me and of which you have been notified in a timely manner. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer, the insurance carrier, and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions and reveal some information about your treatment. These exceptions to confidentiality include the following:

- If I believe a minor, elderly person, or disabled person is being abused, neglected, or living in a home where there is domestic violence, I am legally required to file a report with the appropriate state agency.

- If I believe that a client is threatening serious bodily harm to another or to themselves I am legally required to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If you are involved in a court case and/or your records are subpoenaed by the court.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

Professional Records

You should be aware that, pursuant to the Health Insurance Portability and Accountability Act (HIPAA), I am required to keep clinical records (Protected Health Information) of your treatment which include, but are not limited to therapy notes from each session, personal data, payment history, etc. With the exception of some circumstances, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else.

Minors and Parents

Clients under 18 years of age (who are not emancipated) and their parents should be aware that the law may allow parents to examine their child's Clinical Record. Minors between the ages of 13 and 17 may independently consent to (and control the access of the records of) diagnosis and treatment in a crisis situation. Privacy in psychotherapy is often crucial to successful progress, particularly with teenagers; therefore, it is usually my policy to request that parents allow for confidentiality between the minor and their therapist. However, parental involvement is also very important; therefore, during treatment it is helpful and important to periodically talk or meet with parents (either with or without the client) and provide parents with general information about the progress of the minor's treatment and attendance at scheduled sessions. Any other communication will require the minor's authorization, unless I feel that they are in danger or is a danger to someone else, in which case, I will notify the parents and/or appropriate others of my concern (please refer to the Limits of Confidentiality section). Before giving parents any information, I will discuss the matter with the minor, if possible, and do my best to handle any objections they may have. I am happy to discuss my procedures for treatment with minors further with parents.

Insurance Reimbursement

I currently do not accept any form of insurance. You, as the client, are responsible for the full amount of fees; however, if you would like your insurance to reimburse you for payments made for out-of-network coverage, I am happy to provide you with a receipt or statement of services provided.

Statement of Understanding

Your signature below indicates that you have **read** this agreement and **agree** to abide by its terms during our professional relationship. Your signature also serves as your informed consent for treatment.

_____/_____/_____
Client Name (*Patient or Legal Guardian*) Signature Date

_____/_____/_____
Client Name (*Patient or Legal Guardian*) Signature Date

Therapist
Viktoryia Biheza Ferretti, LMFT _____/_____/_____
Signature Date