



**CLIENT NAME:** \_\_\_\_\_

## SERVICE AGREEMENT

### *Client Rights and Responsibilities*

Welcome to my psychotherapy practice. Prior to beginning treatment, it is important for you to familiarize yourself with my approach to treatment, your rights and responsibilities, and my office policies. The following document discusses each of these topics. Although reviewing this kind of information may seem unnecessary and unrelated to your care, please take time to review this document and to ask questions about it. Sign the final page after all of your questions and concerns have been answered.

### *Method and Orientation*

My basic premise is based on a Western Existential Humanistic approach to psychotherapy. That is, the meaning you give to the events in your life and how you experience them is very important. In the spirit of collaboration, we will work together to decide what you want to accomplish while in therapy and how long that might take. While my primary theoretical orientation springs from the existential schools of psychology I incorporate various approaches: cognitive and behavioral, social construction, and Gestalt. I would gladly answer any inquiries regarding my orientation.

### *Training and Education*

- 1988-2001 The Fielding Institute, Ph.D. with emphasis on Clinical Psychology
- 1988-1994 The Fielding Institute, Master of Arts in Clinical Psychology, (MA)
- 1993-1995 Certified Gestalt Therapist, The Santa Barbara Gestalt Training Center
- 1971-1973 University of Hawaii, Master of Social Work (MSW)
- 1966-1970 University of Oregon, BS Sociology

### *Assessment and Treatment Planning*

To provide you with the best care possible, it is important that I have a clear understanding of what brings you to treatment. To assist me in this process I might ask you to complete several forms about your health, habits and family history. During our initial meetings I will also ask you detailed questions about your past and current functioning, including information about past mental health problems, previous treatment, and alcohol and drug use. Although some of this information may seem unrelated to the concerns you have, it is important for me to know about this information. I will also ask you to describe the concerns that bring you into treatment. I may also refer you to a licensed psychologist to complete psychological tests or questionnaires to supplement information we discuss.

It is critical that you actively participate in treatment planning and candidly discuss your treatment needs. If at any time you feel misunderstood or feel the treatment is misguided, I encourage you to speak up and bring this to my attention. This kind of open communication and feedback needs to go on throughout treatment and I will periodically ask you for input, even if we have been working together for several months. I also



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encourage you to ask questions of me (for example, information about my qualifications and approach to

treatment). The more you know about what to expect, the better able you will be to take advantage of treatment.

To accomplish our treatment goals, you will be asked to try out a variety of new behaviors and activities – both during and in-between sessions. If these activities do not work for you or are not feasible, please tell me.

### ***Risks to Treatment***

It is important for you to know there are risks involved in treatment. For example, some people experience an increase in stress, particularly during the early stages of treatment. Some problems also seem to get worse before they get better. In some cases (e.g., with a couple or family), discussing longstanding, unresolved problems might seem to aggravate rather than help with a problem. These are natural occurrences, but you should be aware of them. Other risks may occur as well, depending on your unique situation. Please ask me about what risks you can expect, and I will discuss others as they arise and I am able to identify them.

### ***Treatment Alternatives***

Not all clients are well suited to my treatment approach, nor am I able to treat all problems confronting my clients. As a result, I cannot guarantee successful treatment. If I determine that I cannot treat you adequately, I will inform you at the earliest opportunity and assist you in finding more appropriate services. This could include referral to another mental health provider on an outpatient basis, or it could include referral to an inpatient psychiatric or chemical dependency program. Other referrals may also be appropriate. If at any time you have doubts about the appropriateness or effectiveness of your treatment with me, please discuss these doubts with me as soon as possible.

### **All clients please refer to these additional documents:**

- *Communication Practice and Policies*
- *Consent for Communications by Non-HIPAA Compliant Methods (optional upon request)*
- *Policy on Legal Matters*
- *Late Cancellation and Missed Appointment Policy*
- *Notice of Privacy Practices*
- *Rights and Exceptions to Privacy*
- *Telehealth (video/phone) Counseling Agreement*
- *Stipulation for Counseling (if being seen as a couple)*
- *Crisis Plan Agreement*
- *Authorization for Credit Card Use*



**Insurance clients please refer to these additional documents:**

- *Patient Financial Responsibility & Health Plan Coverage*
- *Insurance Consent & Client Cost Shares Responsibility*

**Self-paying Clients please refer to these additional documents:**

- *Self-pay Agreement & Financial Responsibility*
- *Good Faith Estimate*

***ADDITIONAL PAYMENT & BILLING INFORMATION***

You will be charged for office visits and other psychological services related to psychotherapy, such as administering and scoring psychological inventories and tests, consultation with other professionals involved in your care, meetings with your family or significant others, court testimony, preparation of reports and letters, and any travel to and from meetings I attend on your behalf. All of these services are charged at the rate of \$80 to \$400 per hour depending upon the service provided. Please inquire if you have any questions on this point. A failure to pay fees, on the other hand, may result in the discontinuation of your treatment.

If these arrangements present a financial hardship for you, please discuss this with me.

***AGREEMENT CONSENT TO TREATMENT***

I have read, or have had read to me, the above information including the additional documents listed and have had an opportunity to ask questions about them. I understand my rights to privacy, the exceptions to my rights to privacy, and the fact that there are risks associated with treatment. In the event that children are to be involved in treatment, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services. I also agree to abide by the payment and billing policy outlined above, and to accept full responsibility for any and all fees incurred in either my care or the care of my children.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

Relationship to patient:     Self    Parent    Guardian    Other