



## Therapy Treatment Agreement (Adult)

This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. We can discuss any questions you have when you sign these documents, or at any time in the future.

### **THERAPY SERVICES**

Talk therapy has both benefits and risks. Because the process of talk therapy often requires discussing the unpleasant aspects of your life, risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness or helplessness. However, talk therapy has been shown to have benefits for individuals who undertake it, often leading to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and solutions to specific problems. There are no guarantees regarding what will happen as a result of your sessions. **Talk therapy requires an active effort on your part, and you will need to work outside of our sessions on things we discuss in order to be successful.**

The first 2-3 sessions will involve an evaluation of your needs. During this evaluation, we will discuss your treatment goals and create a treatment plan. By the end of this evaluation, I will be able to offer you some early impressions of what our work might consist of, and you will have specific, measurable goals to work on both in session and out.

### **APPOINTMENTS**

Appointments will generally be 30 minutes in duration. Upon initial treatment, we will meet once a week at a time we agree on (with possible room for flexibility). As treatment continues, sessions may become less frequent. The time scheduled for your appointment is assigned to you. If you need to cancel or reschedule a session, I ask that you provide me with **24 hours' notice**. ***Remember, any disregarded appointment keeps another person who is seeking help further from obtaining treatment.*** It is Peach Tree Health's procedure to cease booking appointments for individuals who miss **3 scheduled appointments** or **individuals who cancel/reschedule appointments repeatedly**. If this occurs, you will not be placed on the therapy schedule, but will be asked to do arrive and wait for a "same day" appointment, dependent upon when the clinician has time available in their schedule that day. This may be only a brief meeting to discuss your ongoing commitment to therapy services. In addition, you are responsible for arriving to your sessions on time; if you are late, your appointment will end at the agreed upon time (i.e., the appointment will not go past the designated end time to make up for the late arrival).

### **INSURANCE**

You should be aware that most insurance companies require your authorization for me to provide them with a clinical diagnosis (a description of the nature of your problems and whether they are deemed to be short-term or long-term). All diagnoses come from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. I will be happy to answer any questions you may have regarding your diagnosis.

**CONFIDENTIALITY**

My policies regarding confidentiality, as well as other information about your privacy rights, are fully described in a separate document that you signed at reception in regards to the Health Insurance Portability and Accountability Act (HIPAA). You have been offered a copy of that document that clearly describes your confidentiality at PTH. Please remember that you may reopen the conversation at any time during our work together if you have questions.

**Situations Where Confidentiality May Not be Maintained:**

- **Known or Suspected Abuse:** I am a mandated reporter, which means that I must report to authorities any conversation regarding specific emotional, physical, abuse, or neglect of a child or a dependent, under the conditions of California Penal Code Section 11165.7.
- **Potential Danger:** There is no privilege to confidentiality if I have reasonable cause to believe that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of another, and that disclosure of the communication is necessary to prevent the potential danger (Cal. [Evid] Code § 1024). My goal is to keep my patients and the community safe at all times.
- **Legal Proceedings:** If you are involved in a court case, a request may be made for information about your counseling or therapy. If this occurs, I will not disclose information without your written agreement, *unless* required by the court. I will do all I can within the law to protect your confidentiality, and will inform you if I am required to disclose information to the court.

**CONTACTING ME**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise inaccessible. At these times, you may leave a message with the call center. If it is an urgent matter, please contact Sutter-Yuba Behavioral Health’s crisis line at 530.673.8255.

**OTHER RIGHTS**

You are free to end therapy at any time. You may also request that I refer you to another therapist. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

**CONSENT TO TALK THERAPY**

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

<i><b>Signature</b> of Patient or Personal Representative</i>	<i>Date</i>	<i>Patient DOB</i>
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<i><b>Printed Name</b> of Patient or Personal Representative</i>	<i>Date</i>
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*(Personal Representative’s Relation to Patient):* \_\_\_\_\_

<i>Therapists Signature</i>	<i>Date</i>
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