This document is designed to give you information about my professional services and business policies and to answer questions about many of the practical issues that arise during the course of a professional therapeutic relationship. Please read it carefully and ask me any questions that you may have. When you sign the document below, it will create an official agreement between us.

**Sessions:**

The number and frequency of sessions will depend upon your individual needs and may vary over time. During the first few sessions, you and I will have the opportunity to assess how well we work together and whether I am best suited to meet your clinical needs. The beginning of therapy (the words therapy, psychotherapy, and counseling may be used interchangeably) will be devoted to the exploration of your history, your current challenges, your needs, and your goals. If you and I agree to continue services beyond this evaluative period, we will create a treatment plan designed to meet your needs, and we will work toward meeting your treatment goals.

Counseling sessions are generally scheduled once per week and are usually 50 minutes long. Eye Movement Desensitization (EMDR) Therapy sessions are generally 80 minutes or 110 minutes long.

**Cancellations:**

Your consistent participation in therapy greatly contributes to a successful outcome. Session times are reserved specially for you. If you need to cancel a session, **please call me at (520) 404-5006 more than 24 hours before session time in order to avoid being charged for the session**. If you cancel a session in advance, I will make an effort to reschedule the session.

**You will be charged the full session fee for 1) missed sessions, and 2) sessions cancelled less than 24 hours before session time.**

**Fees:**

My fees for services are: $150 for a 60 minute session

$200 for a 90 minute session

$260 for a 120 minute session

Additional services (such as telephone calls with you for reasons other than appointment-scheduling, communications with third parties on your behalf, letter or report writing, involvement in a legal action regarding you, or other necessary actions) will be billed at the rate of $150 per hour (prorated to reflect the actual time involved). Although my fees may change over time, any such change will be discussed with you in advance and reasonable accommodations may be made if necessary.

**Payment for each session is due at the beginning of the session.**

If a payment is past due for more than 30 days, I may pursue legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I would release regarding a client’s treatment is his/her name, the nature of services provided, and the amount due.

I do not accept insurance, but if you have a health insurance policy, it may offer reimbursement for services provided by out-of-network providers. Please tell me if you would like me to provide a receipt that you can submit to the insurance company for reimbursement.

**Contacting Me:**

My telephone number is **(520) 404-5006.** Please call me if you need to reschedule or cancel a session**.** My voicemail is confidential, and I have security measures in place, but please keep in mind that digital/electronic information is never entirely secure. If you would like me to return your call, I will try to do so on the same day with the exception of weekends and holidays. I do not conduct therapy over the phone, and phone calls longer than 10 minutes will be billed at the rate of $140/hour (prorated to reflect the actual call time).

I am ethically prohibited from connecting to, or friending, clients on social networking websites.

**In the event of an emergency, call 911 or go to your nearest emergency room immediately**. Other resources include 1) your physician, 2) the Crisis Response Network crisis line (520) 622-6000 or 1-800-273-TALK, and 3) HOPE, Inc.’s Warm Line at 520-770-9909.

If I will be unavailable for an extended period of time, I will provide you with the name and phone number of a qualified colleague for you to contact if necessary.

**The Advantages and Challenges Therapy:**

The process of psychotherapy involves a collaborative working relationship between the therapist and client. The services that I will provide will depend on the issues you wish to address, your goals, and my assessment of your needs. During the process, we may discuss a myriad of issues, events, experiences, and memories, in order to help you create positive change and to enjoy your life more fully.

Psychotherapy (including EMDR Therapy) can have both benefits and risks. Since therapy often involves thinking about unpleasant aspects of your life, a client may experience uncomfortable feelings like sadness, guilt, anger, frustration, fear, loneliness, and helplessness. Also, as clients begin to change, they often find that their relationships need to change as well, and this can also be uncomfortable. However, scientific research shows that many types of psychotherapy (EMDR Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy and other techniques) are highly effective at reducing many of the symptoms/problems that motivate people to seek help and can lead to positive outcomes including improved relationships, increased self-confidence, solutions to specific problems, and significant reductions in feelings of distress.

Although this is generally the case, there is no way of guaranteeing what your experience and outcomes will be.

**Medical and Legal Issues:**

I cannot provide information or advice regarding any medical or medication issues, or any legal issues, as these are not within the scope of my clinical practice.

**Questions and Concerns:**

If you ever have questions or concerns about anything relating to your work with me, please speak with me about them. I will always work with you to ensure that you understand your options, including your right to be referred to an alternative provider if you so desire.

You have the right to refuse any treatment that I might recommend, to withdraw your consent to be treated, and to be advised of the potential consequences of such refusal or withdrawal.

I have a professional duty to make arrangements for your continuing care in the event that I become unavailable due to incapacitating illness or death. Accordingly, should such circumstances arise, a designated professional with credentials equivalent to mine will notify you. If you would like, that professional will provide a referral to you so that you may obtain further care. The professional will also tell you where your records will be stored and how you may access them.

**Confidentiality:**

The Notice of Privacy Practices which accompanies this document contains information relating to the privacy of your Protected Health Information. I may reveal your name, address, and financial information to my office staff for scheduling and billing purposes. My staff is held to the same confidentiality standards as set forth in in the Notice of Privacy Practices.

**Consultation:**

It is recommended that therapists receive supervision or participate in professional consultation in order to improve skills and maintain high standards of care. I may seek professional consultation relating to your case; however, if I do so, I will not reveal any identifying information about you.

**Professional Records:**

I am legally required to keep treatment records for at least seven (7) years. You are entitled to receive a copy of your records or a summary of your therapy if you request them. If you would like to see a copy of your records, I recommend that you review them with me so that I may answer any questions that you may have. Requests for records must be made in writing; records will be made available within thirty (30) days of receipt of the written request.

**Client’s Agreement:**

By signing below, you acknowledge that 1) you have read the information contained in this document, 2) that you agree to abide by its terms, and 3) that you consent to participate in psychotherapy with me. This consent is voluntary, and you may revoke it in writing at any time.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_