



217 East 300 South · Suite 201
Kanab, UT 84741
424-353-3265

THERAPY AGREEMENT

The Counseling Process: Therapy is a cooperative learning process through which you will grow into taking enhanced control over their life and becoming more self-motivated and empowered. This process requires a commitment to explore the problems that brought them to counseling. At times, therapy may stir up feelings of discomfort and a realization that a loss or previously unresolved issue may contribute to the current situation. Therapy can also result in humor and fun, relief, behavior change and new insights. The greater the investment made in therapy by expressing feelings and opinions about the process, the more successful this endeavor will be. Sometimes outside “homework” is helpful such as reading, journal writing, exercising, or simply taking better care of yourself. The following information is important to agree upon before we can begin.

APPOINTMENTS:

Appointments are arranged at pre-scheduled times unless otherwise negotiated on a case-by-case basis. The appointments we provide are electronic via telehealth video or phone (Zoom, telephone, etc.). If

you prefer a different platform, please let your therapist know so they may review the program. It is important that we use platforms that ensure the best possible protection of your information.

INDIVIDUAL AND CONJOINT SESSION FEE:

Fees are due at the start of each session. We charge \$100 dollars per session with additional processing fees. If you pay by check, please make it out in advance. Payment by Visa, Mastercard or American Express can be arranged.

CANCELLATIONS/NO SHOW:

We charge for missed or canceled sessions unless we are notified by 6 P.M. the night before the day of the appointment. Please let us know about cancellations as soon as possible.

CLIENT'S RESPONSIBILITIES:

Clients are ultimately responsible for the tracking and coordination of the recommended treatment and frequency of meetings. If recommendation compliance becomes an issue, please inform your therapist for support in overcoming any obstacles; however, in rare cases if a family continues to be non-compliant a therapist may have to offer referral resources to ensure the family has every option available to them to receive the help they are needing.

CONFIDENTIALITY:

Information discussed during our sessions will remain confidential under the Health Insurance Portability and Accountability Act (HIPPA). Generally, there are 3 situations where confidentiality does not exist:

- (1) If a client threatens bodily harm or death to him/herself or to another person.
- (2) If a client reveals information relative to child abuse, child neglect, or elder abuse (past or present).
- (3) If a court of law issues a legitimate court order (signed by a judge), the practicing therapist will be required by law to provide the information specifically described in that order.

MARRIAGE AND FAMILY THERAPY CODE OF ETHICS:

We adhere to the AAMFT Code of Ethics. The Code of Ethics is available online at AAMFT.org.

PARENT/CHILD INFORMATION POLICY:

Clients under 18 years of age who are not emancipated should be aware that the law may allow parents access to treatment information unless we decide that such access is likely to be harmful to the child, or we agree otherwise. The therapeutic relationship is to be respected. Our belief is that children need to know that they can trust their therapist and feel safe and secure in their therapy session. Any other communication will require the child's authorization unless we feel that the child is in danger or is a danger to someone else, in which case we will notify the parents of our concern. The therapist goal will always be to encourage the child to share their secrets, but we believe that it is therapeutically best if the secret is shared directly from the child.

AUTHORIZATION FOR THERAPY:

I authorize Nurture: Child & Family Therapy, to provide outpatient psychotherapy for my child or for other individuals for whom I am legally entitled to give such authorization.

I have read the above and understand the information presented and agree to the terms of this agreement.

RESPONSIBLE PARTY SIGNATURE

DATE

Client Information

Primary Client	<i>Legal Name</i>			
	<i>Preferred Name</i>			
Primary Phone Number				
Mobile Phone Number		Receive Text Messages?		
Home Address	<i>Street</i>			
	<i>City · State · Zip</i>			
Date of Birth				
E-mail				
Marital Status				

Payment	CREDIT CARD AUTHORIZATION (Please charge my outstanding balance to my card below.)			
Card Number				
Exp Date.		CVV		

Emergency Contact	<i>Name</i>			
	<i>Address</i>			
	<i>Phone</i>			
	<i>Relationship to Patient</i>			



child & family therapy

217 East 300 South #201, Kanab, UT 84741
424.353.3265

Online Therapy Services Guide

1. Reach out and set up an appointment with your therapist by phone, text, or e-mail.
2. Once you have an appointment the therapist will call or text you before the session to establish contact and troubleshoot any technical difficulties before the session.
3. The therapist will then send a zoom meeting invitation to the email address you provided at the agreed time.
4. Please select the link and join the meeting.

To ensure a greater experience participating in teletherapy please review the checklist.

Teletherapy Checklist:

1. Please Download Zoom (<https://zoom.us/download>) if you do not already have the program and/or App.
2. Please take some time to become familiar with the program on your computer or device beforehand for your own peace of mind and to be sure it will work. (Using Computer/Laptop is recommended).
3. Please close other programs to improve the quality of the video.
4. Be sure to close email and turn off notifications that could be distracting and dilute the experience for you.
5. Please find a place where you will have as much quiet and privacy as possible. (Earbuds/headsets are recommended for privacy and better sound quality)
6. Make sure you are sitting somewhere you will be comfortable for the length of your session.
7. Have your screen on a stable surface or a stand. Excessive movement can create a distracting experience.
8. Avoid eating food or snacks during the session.

Tip:

- Try to have the top of your head near the top of your video screen, rather than in the bottom half of the screen.
- Communicate with your therapist early if there are technical difficulties so you can have the best experience possible.

Precautionary Coronavirus Liability Release Form

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include: • Fever • Fatigue • Dry cough • Difficulty breathing
• Chills • Nausea or vomiting • Diarrhea • Loss of smell.

I, _____ agree to the following: I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days. I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 30 days. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days. I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days. I understand that this business and my therapist cannot be held liable for any exposure to the virus, or any other contagion caused by misinformation on this form, or the health history provided by each client.

By signing below, I agree to each above statement and release the therapist and business from all liability for the unintentional exposure or harm due to COVID-19. We also affirm that we have improved and expanded our sanitization protocols to fight the spread of COVID-19 and other communicable conditions more thoroughly.

Client Signature _____ Date _____