

Victoria Campbell, LMFT
Licensed Marriage and Family Therapist

Disclosure Statement & Agreement For Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

Information about Victoria Campbell

I, Victoria Anne Campbell, am a Licensed Marriage and Family Therapist #1472 (Nevada), #MFC47586 (California). At an appropriate time, I will discuss my professional background with you. You are free to ask questions at any time about my professional background including experience, education, and professional orientation.

Fees and Insurance

By signing this agreement, you acknowledge that we have discussed your fee structure. Individual sessions and conjoint (couples /family) sessions are approximately 50 minutes in length unless otherwise specified. Fees are payable at the time that services are rendered. Please ask me if you wish to discuss a written agreement that specifies an alternative payment procedure.

I am not a provider for any insurance companies. However, I am happy to provide you with a receipt for services should you wish to pursue reimbursement from your insurance company. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. I am unable to guarantee whether your insurance will reimburse you for services provided you.

If for some reason you find that you are unable to continue paying for your therapy, you should inform me. I will help you to consider any options that may be available to you at that time.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in couples or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that I utilize a “no-secrets” policy when conducting family or couples therapy.** This means that if you participate in family and/or couples therapy, I may use information obtained in an individual session that you may have had with me, when working with other members of your family. Please feel free to ask me about my “no secrets” policy and how it may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder or dependent person abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. We may consider a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to

notify me by phone, at least 24 hours in advance of your appointment. **If you do not provide at least 24 hours notice in advance, you are responsible for payment for the missed session.**

Availability/Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to a belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time on my confidential voicemail. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. I return non-urgent phone calls during normal workdays within 48 hours. If you have an urgent need to speak with me, please indicate that fact in your message, but also me aware that it might take up to 48 hours for me to return your call. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

911 or local specific services we can discuss at the first session.

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. Your participation in treatment is voluntary. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. You are encouraged to discuss all aspects of your treatment fully with me to ensure your understanding and agreement with the treatment planned. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy. We will periodically discuss the progress towards your goals and reexamine the effectiveness of our treatment plan. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

There are some risks of therapy. You may learn things about yourself that you do not like. Often growth cannot occur until you experience and confront issues that feel uncomfortable, including sadness, sorrow, anxiety, or pain. When change occurs in an individual (as is likely through therapy) often unpredictable changes occur to the entire family system. Whether engaged in therapy as an individual or as a couple/family, one possibility is a natural restructuring of relationships or even termination of some relationships.

Our relationship is professional and therapeutic. In order to preserve this relationship, we will not engage in other types of relationships together. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you, however, I am not in a position to be your friend or to have a social, personal, or business relationship with you. Gifts, bartering and trading services are not appropriate and should not be shared between you and I. Our relationship is focused on helping you reach your goals.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea for us to plan your termination in a collaborative manner. We will discuss a plan for termination as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

Client's Signature

Printed Name

Date

Client's Signature

Printed Name

Date