



# SACRED HEART

## NAVIGATIONS

### Therapy Agreement & Consent Form

#### CONFIDENTIALITY

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, *except* for the following limitations:

**Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information relative to child abuse or child neglect, in which someone is currently in danger of, I am required by law to report this to the appropriate authority.

**Vulnerable Adult Abuse or Neglect:** If you reveal information relative to vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.

**Self-Harm:** This includes threats, plans or attempts to harm oneself. I am permitted under such instances to take steps to protect your safety which may include the disclosure of confidential information.

**Harm to Others:** This includes threats regarding harm to another person. If you threaten bodily harm or death to another person, I am permitted by law to report this to the appropriate authority.

**Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will attempt to contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will attempt to contact you twice by phone and send you an email or letter only if I cannot get in touch with you by phone. If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order, despite any attempts I have made to contact you and keep your records confidential, as I am required to comply with court.

**Court Ordered Therapy:** If you are in therapy ordered by the court and the court requests records or documentation of your participation in services, the information that

will be sent on your behalf will be discussed with you prior to information being sent if I am able to reach you. For this reason, it is important to keep all demographic information updated!

**Written Request:** Your specific request, in writing, is needed to disclose information regarding your therapy to you or to a third party. In the case of notes documenting or analyzing the contents of conversation during a private counseling session (“process notes”), I reserve the right to provide to you, or the authorized third party, a report of examination/treatment in lieu of copies of the actual records, unless the third party is a treating psychotherapist. If therapy sessions involve more than 1 party, ALL parties over the age of 18 MUST consent to release of requested information prior to being released.

**Fee Disputes:** In the case of a financial dispute, I reserve the right to provide the needed and adequate documentation i.e., your signature on the “Therapy Agreement & Consent Form” signature pages, that covers the cancellation policy in full detail. If you have a financial balance, please contact the office so that the balance can be paid in-full, or a payment plan can be discussed.

**Couples Counseling & “No Secret” Policy:** When working with couples, all laws of confidentiality exist. I request that no separate party of the couple attempt to triangulate me into keeping a “secret” that is detrimental to the goal of therapy for the couple. If one party of the couple requests that I keep a “secret” in confidence, I may choose to end the therapy and give you referrals for other therapists as our work and your goals then become counterproductive.

**Dual Relationships & Public:** My relationship with you is strictly professional. In order to preserve this relationship, it is imperative that we do not have any relationship (business or social) outside the counseling relationship. If we have contact in a public setting, I will not acknowledge you in any way that would jeopardize your confidentiality. Should you choose to acknowledge me, please understand that I may not be able to protect your confidentiality.

**Social Media:** By choosing to connect with me during any scheduled event or on any social media platform, including Instagram, Facebook, etc., you do so at your own risk. Similarly, if you leave a business review or comment anywhere, you do so at your own risk as well. I cannot be held liable if you are identified as a client, whether currently working with me or having worked with me in the past.

- **Electronic Communication:** Please keep in mind that mail offers an easy and convenient way for therapists/counselors and clients to briefly communicate but should not be used to share lengthy and/or sensitive information. Doing so could introduce unique challenges into the therapist-client relationship.

- **Do not use email for emergencies.** Access 911 or an emergency room if necessary. If you think that you might need to be seen by me for a non-emergency, please call and book an appointment. E-mails should not be used to communicate sensitive medical or mental health information. Email is also not confidential and is a part of your record. Please be aware that if you send emails from your work, your employer has the legal right to read your email.

- **Texting is not confidential.** Please feel free to text me if you need to reschedule an appointment, however, if you do not cancel or reschedule your appointment within the agreed amount of time outlined in this agreement and consent form, you will be charged accordingly. Also, keep in mind that phones can be lost or stolen, and it is imperative that you do not communicate sensitive information over text. I have no way of knowing the person who is texting is actually you, rather than someone who has your phone.

## THE THERAPEUTIC PROCESS

**Benefits/Outcomes:** Participating in therapy can result in numerous benefits, including improving intrapersonal and interpersonal relationships, resolving the concerns that led you to therapy. Therapy will seek to meet goals established by all persons involved, usually revolving around a specific complaint(s). A major benefit that may be gained from participating in therapy includes a reduction in distress and a better ability to handle or cope with personal, relational, family, work, and other problems as well as stress. Another possible benefit may be a greater understanding of personal and relational goals and values, leading to increased harmony. I will do my best to assess progress on a regular basis and solicit your feedback regarding the therapeutic process to help provide you with the most effective therapeutic services. I can; however, make no guarantees as to the ultimate outcome of therapy.

**Expectations:** Work outside of the counseling sessions is an essential aspect of change. I may assign tasks between sessions related to your goals. My commitment is to work as efficiently as possible, but at the same time, therapy may move slower than you anticipated. We will collaboratively identify your therapeutic goals and will periodically review them together. You will get out of therapy what you put into it, including very little if no effort is made on your end.

**Risks:** In working to achieve these potential benefits, the therapeutic process requires that actions be made in order for changes to occur. Therapeutically resolving unpleasant events and relationship patterns may arouse intense, unexpected feelings. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended.

## STRUCTURE OF THERAPY

**Intake Phase:** During this phase we will discuss the process, structure, policies and procedures of therapy. This occurs during the first couple of sessions. We will need to spend some time (usually brief) exploring your experiences both surrounding the presenting complaint(s) and outside the realm of them.

**Assessment Phase:** An initial evaluation may last from 2-4 sessions. During the assessment phase I am getting to know and understand you, your worldview, strengths, concerns, needs, family and relationship dynamics. It may not feel like we are moving forward quickly, but it is imperative that I gather this information so that I can assist you to the best of my ability. During this time, we will both decide if I am the best person to address your needs and treatment plan.

**Goal Development/Treatment Planning:** After we have explored and developed sufficient background to proceed, we will collaboratively identify specific goals for therapy. Therapy is best concluded through mutual agreement among the participants, including myself as therapist, and will be directly tied to sufficient progress toward and/or the achievement of the goals we set together. If you are court ordered, we encompass both what is important to you and what the court is requiring of you into the goal. *If you are court ordered, it is important to provide copies of documents from the court that states what needs to be addressed during our counseling sessions.* After the goal is completed, we will both sign the goal, and you will receive a copy.

**Intervention Phase:** This phase occurs anywhere after session 2 until graduation, discharge, or termination. This phase requires effort both in session and outside of session. You will maximize therapy by implementing solutions discussed during therapy. If at any time you have questions about what I am attempting to do or where we are headed, please do not hesitate to ask.

**Graduation/Discharge/Termination:** As you progress and get close to completing your goals, we will collectively discuss your progress, make a transition plan, and decide on the date of graduation, discharge, or termination.

## SESSION REQUIREMENTS AND POLICIES

- **Agreement & Payment:** A signed agreement and payment are required prior to all in-person and online sessions. Cancellations made within 24 hours or missed appointments will incur the full session fee, payable before rescheduling. If you arrive late, your session may be shortened to avoid overlapping with other clients. You will still be charged for the full scheduled session.
- **Attendance and Cancellations:** You are responsible for attending your scheduled sessions. Cancellations must be made by phone at least 24 hours in advance to avoid a full session charge. Email notifications are only acceptable if made at least 72 hours before the session.
- **Frequency and Duration of Sessions:** Sessions are generally scheduled weekly or biweekly, depending on the nature of the challenges. The exact number of sessions will be determined collaboratively.
- **Termination of Counseling:** I, Lori A. Fox, reserve the right to terminate the counseling relationship at any time, should I determine that you would benefit from a different provider. You may also terminate the relationship at any time. Any prepaid sessions will be refunded within 1-3 business days. If you decide to pause sessions, unused sessions can be held for future use upon request.

**Note:** Sessions are non-transferable.

- **Interruptions to Sessions:** Therapy/counseling sessions may occasionally be interrupted due to wellness days, seminars, or vacations. You will be notified in advance whenever possible. In case of emergency cancellations, I will make every effort to contact you promptly or have a colleague reach out on my behalf.
- **Additional Charges:** An hourly rate is applied in quarter-hour increments for phone calls longer than 10 minutes, email correspondence, assessments, writing evaluations, or collaborating with other professionals (with your permission). You will be billed for these services, and payment will be sent to you at the address on file. Please ensure your contact information is up to date.
- **Court Appearances:** If called to testify in court, you will be charged \$250 per hour, including travel, court time, and preparation. Payment is due prior to my appearance. Any adjustments or reimbursements will be processed within 14 business days after the court appearance.
- **Medical Records:** Requests for mental health records will be processed at a rate of \$0.50 per page. Please allow up to 14 business days for preparation. A "Release of Mental Health Records" form must be signed, and I reserve the right to provide a summary of process notes instead of the full record.

### Emergency Contact:

For emergencies, please dial 911 or reach the Nationwide Suicide & Crisis Lifeline at 988.

## THERAPY AGREEMENT & CONSENT SIGNATURE FORM

I have read and understand the Therapy Agreement & Consent Outline and have discussed any questions I had with Lori A. Fox prior to signing. I willingly give my informed consent to receive counseling services, knowing that Lori A. Fox is not a licensed therapist at this time. By signing, I waive all rights of holding her or Sacred Heart Navigations liable for malpractice, including legal action related to my care.

I acknowledge the potential risks and agree to treatment, as well as to abide by all policies in this contract. I consent to receiving communications (calls, texts, or voice messages) regarding treatment or appointments. I am financially responsible for payment before sessions and for fees associated with cancellations within 24 hours.

Lori A. Fox reserves the right to suspend sessions until payment is received in full, unless otherwise specified.

**Please write the words "I understand" on the line below to indicate that you are clearly and knowingly giving your informed consent to treatment and care.**

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Please Print Your Full Name / Signature / Today's Date