



SACRED HEART
NAVIGATIONS

THERAPY AGREEMENT & CONSENT OUTLINE

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 contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will 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 to contact you and keep your records confidential, 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.

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” 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 counter-productive.

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: If you choose to connect with me on any of my professional (not personal) social media outlets, such as Facebook, LinkedIn, etc., you do so at your own risk. I will do my best to protect your identity; however, if you choose to comment on my pages or posts, you do so at your own risk. I cannot be held liable if someone identifies you as a client I work with.

Electronic Communication: Email offers an easy and convenient way for therapist and client to communicate, but can also introduce unique challenges into the therapist–client relationship.

- **Do not use e-mail 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. Be aware that if you send e-mails from your work, your employer has the legal right to read your e-mail.



- **Texting is not confidential.** Keep in mind that texting is not a substitute for seeing me or making/cancelling an appointment. Phones can be lost or stolen, and it is imperative that you do not communicate sensitive information over text. Further, I cannot know the person who is texting is actually you, rather than someone else who has possession of your phone.

Sessions Outside the Office: I am more than happy to accommodate you by meeting you outside of the office at a public place per your request, but please know that you may be taking a risk in regards to your confidentiality. I cannot fully protect your confidentiality if we meet in a location other than online in your designated private space, or if we meet in a space I provide.



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 1st session. We will need to spend some time (usually brief) exploring your experiences both surrounding the presenting complaint(s) and outside the realm of your complaint(s).

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.



ADDITIONAL INFORMATION

- Therapy sessions are typically weekly or biweekly depending upon the nature of the presenting challenges. It is difficult to initially predict how many sessions it might take, but we will collaboratively determine how much longer therapy is needed.
- You are responsible for attending each appointment you agree upon. If you are prevented from keeping a scheduled appointment, you are asked to notify the office by phone, at least 24-hours in advance to avoid being charged in full for the missed session. ***Please Note: Email correspondence is only acceptable 72-hours prior to the missed session. Also, if you are running late time will be taken away from your session, however you will still be charged for the full duration of the 60-minute session.***
- I, Lori A. Fox, reserve the right to terminate this counseling relationship for any reason at any time. If this should happen, please understand that this is not personal and that I feel you would better benefit from working with the appropriate treatment provider/therapist for professional reasons. In addition, any money that might have been paid by you in advance for upcoming sessions will be distributed back to you within 1-3 business days.
- Therapy sessions may be briefly interrupted, as I will occasionally take time off for wellness days and to attend seminars, as well as vacation from time to time. When this happens, I will do my best to give you adequate notice. If I am not able to contact you right away to cancel a session due to circumstances out of my control (emergency), I will do my best to contact you as soon as I am able, or will have a colleague reach-out for me.
- An hourly rate is charged in quarter hours for phone calls over 10 minutes in length, email correspondences, reading assessments or evaluations, writing assessments/letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed and mailed directly to you using the address I have for you on-file. I ask that you please keep all demographic information current during the duration of your care.



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- Although it is rare, on occasion a court will order a therapist to testify, be deposed, or appear in court for a matter relating to a client's treatment or case. Please know if I get called into court by you or your attorney, which I strongly suggest against in order to protect your confidentiality, you will be charged \$250 per hour which will include travel to and from the courthouse, time in court, waiting for the court hearing, preparation for documents, etc. A proposed invoice will be drawn-up and you will be required to pay prior to my appearance. Any amount that is due to me, Lori A. Fox, or needs to be returned back to you (the client), will be due to me or returned to you within 14 business days after the appearance in court has occurred.

- Medical Records: Should you request a copy of your mental health records; they will be dispensed at \$.50 per page. Please allow at least 14 business days for preparation. Also, keep in mind that you will need to sign a Release of Mental Health form to be dispensed to either you or a designated party(s), and I, Lori A. Fox, reserve the right to provide a summary of process notes, in lieu of the actual notes, as described above.

- For further inquiry, or to reach out for anything *other than an emergency*, please send a detailed email directly to: lafox@sacredheartnavigations, or call the office at: 772-349-3422. In most cases your call will be returned within 48-hours. Once again, the office number listed here is **not** the number to call for any type of emergency! If immediate assistance is needed, please access emergency response by dialing 911 if you or someone you know is in immediate danger of being harmed, or by dialing 988 to reach the nationwide **Suicide & Crisis Lifeline**.

- Please keep in mind that signed consent forms, along with payment are due *prior* to beginning all in-person and online sessions. In the event that you miss your scheduled appointment time, or cancel with less than 24-hour notice, you will be asked to pay the full fee of the missed session before attempting to rescheduling.

By signing this document, you are agreeing to such cancellation and fees.
(All fees are subject to change; however, you will be timely notified should changes occur.)



CONSENT TO CALL OR TEXT & EMERGENCY CONTACT FORM

By signing below, I (the client), authorize Lori A. Fox to call or text me directly leaving a message and/or appointment reminder at any time.

Print Client Name / Signature / Date

Please check here that you agree and sign:

In the case of an emergency, I agree to authorize Lori A. Fox to contact the named person(s) below on my behalf.

Full Name of Contact Person(s) / Relationship / Phone Number(s)

Print Client Name / Signature / Date



THERAPY AGREEMENT & CONSENT SIGNATURE FORM

I have read and understand the information contained in this Therapy Agreement & Consent Outline. I have discussed any questions I might have had regarding this information with Lori A. Fox prior to signing, and all questions have been answered to my complete satisfaction.

I clearly and consciously give my informed consent to receive holistic counseling services from Lori A. Fox. I understand that Lori A. Fox is not a licensed mental health professional at this time, and my signature below indicates that I am voluntarily giving-up any and all rights of holding her responsible for malpractice of any kind, or of suing her in a court of law for reasons pertaining to my care while working directly with her. I understand the potential risks, and I agree to treatment. By signing this form, I also agree to abide by the agreement and policies listed in this contract.

Additionally, I acknowledge that I am financially responsible for payment prior to all sessions. I acknowledge my responsibility for fees associated with appointments cancelled less than 24-hours prior to any and all scheduled sessions. Lori A. Fox has the right to refuse to continue therapy until payment has been received in full, or unless a payment plan has been authorized.

Print Client Name / Signature / Date

