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## **Psychotherapy Agreement**

Welcome to my practice. I am deeply grateful for your trust in deciding to work with me and look forward to our journey together. This document contains important information about my professional services and business policies. Please read it carefully and note any questions that you have so that we may discuss them during our next session.

### **Psychotherapy**

Psychotherapy involves several different approaches that can be used to address the life experiences or specific challenges for which you are seeking treatment. There are numerous benefits to be gained. Psychotherapy has been shown to enhance social-emotional-spiritual growth, improve relationships, reduce feelings of distress and despair, as well as resolve specific psychological difficulties. Psychotherapy involves discussing in depth many aspects of your life experiences. You may experience uncomfortable levels of emotions such as sadness, anxiety and anger while working through these things.

Psychotherapy is often about challenging your existing set of beliefs about the world and yourself. It is shown to be most successful when you have entered of your own accord, have a strong desire to grow, and are open to change. Your open mind and willingness to try out new things and experience yourself in unfamiliar ways will be of great benefit to your process. This process is most successful when it occurs in a safe and supportive environment, which my intention and commitment is to provide you with. I also realize that safety looks different to every person. So, we will discuss what you need to feel safe in our work together.

As many of the long-term benefits of psychotherapy may be influenced by the manner in which the process ends, I request that you inform me of any plans or thoughts of ending therapy and allow me a minimum of four weeks' notice if you decide to do so.

### **Services and Fees**

After the initial session, we will set a tentative schedule of subsequent visits. Usually sessions are on a weekly basis, but depending upon your specific needs, may be scheduled more frequently. The duration of each session is 50 minutes unless otherwise scheduled. **Once an appointment is scheduled you are responsible for payment unless you cancel 48 hours prior to the session.** I take this agreement very literally to maintain clarity and trust between us. **Unfortunately, I am not able to make exceptions for illness or emergency.**

**I allow up to six cancelations per year (year-to-date from the commencement of therapy, as opposed to the calendar year). This is not inclusive of holidays and time I take away.** I charge my regular fee for each session canceled beyond six per year.

Payment in full is expected at the time of each session. My fee per 50-minute session is \$200 for individuals and \$250 for couples and families. I offer teleconferencing and

telephone sessions, in addition to office visits. I charge my hourly fee on a prorated basis for any professional services provided in addition to regularly scheduled sessions. These services may include writing reports, telephone conversations longer than ten minutes, attendance at meetings you have authorized or requested, and any other professional service, requested or otherwise, which may be required for treatment.

I accept Zelle, Venmo and personal checks for payment. Please make checks payable to: Therese Allen, MFT. A \$30 fee will be charged for any check returned for insufficient funds if I am unable to reverse the fee with my bank.

My hourly rate may increase after 12 months, however not more than \$10 per session increments per year. If you are paying on a sliding scale due to financial hardships and your income increases, an adjustment to your fee may be made. I encourage you to discuss any monetary concerns regarding your fee with me as soon as they arise.

I reserve the right to send any fees left unpaid after 30 days to collections. By signing this form, you give me consent to disclose your name, any necessary contact information, and the amount owed to a collections agency in the case of unpaid fees. I will attempt at least two notices of intent to refer to collections prior to doing so.

I give consent to Therese Allen, MFT to send my identity information and amount owed to a collections agency in the case that I would leave unpaid fees for over 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Confidentiality**

Confidentiality is one of the most important elements of psychotherapy. As your therapist I am legally bound and morally obligated, within certain legally defined limitations, to uphold and maintain your privacy and keep your personal information strictly confidential. None of your information will be revealed to any other person or agency without your written permission, other than in one of the possible instances listed below. The following are the only circumstances which require me to reveal information obtained during psychotherapy to certain persons or agencies, whether or not you have granted permission. I must release information about you if:

- In my professional opinion you are a threat to yourself or others or if you threaten grave bodily harm to another person or yourself.
- A court issues a legitimate order requiring me to produce information. (In many circumstances you may claim a privileged status for our communication, but a judge may overrule your claim.)
- In my professional judgment there is a reason to be concerned about possible abuse or neglect of a child, elderly or handicapped person.
- I become aware of your or another engaging in entertainment overtly and directly sexualizing minors (often referred to as ‘child pornography’).

In the case of a mandated disclosure of information, it is my policy to inform my client of the disclosure as soon as possible.

As stated in the Services and Fees section, I also reserve the right to disclose information about your identity and amount owed to me in the case of bills left unpaid to me for over 30 days.

**Contacting Me**

Although I am generally not available immediately by phone, I make every attempt to return calls within 24 hours. You may leave messages for me 24 hours a day. You may text me for logistical matters, such as needing to reschedule a session. If you are calling regarding an urgent matter, clearly indicate the urgency of your call and I will return your call as promptly as possible. If a situation requires immediate attention, it is imperative that you contact emergency services by calling 911 or go to the emergency room of the nearest hospital and ask to speak with the mental health clinician on call.

**Somatic Psychotherapy**

One of the dimensions of working holistically with the body can include the use of fully clothed, non-sexual touch in somatic practices. Somatic standing practices are based on Aikido, a peaceful Japanese martial art. Practically, this means processing the experiences stored in the psycho-biology through the emotions, body, and conversation. If you are interested, we can incorporate this form of touch into your therapy.

There are a number of schools that recognize and work with the mind-body interface through touch. The specific methods of body-centered work in which I've been trained are a part of Generative Somatics and Strozzi Institute lineages, the work of Staci Haines and Richard Strozzi. For more information about these approaches, you are welcome to read about them: [www.generativesomatics.org](http://www.generativesomatics.org) or [www.strozziinstitute.com](http://www.strozziinstitute.com)

**I have read and understand the information in this document and agree to abide by its terms during our professional relationship.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Parent/Guardian Signature (if client is a minor):**

\_\_\_\_\_ **Date:** \_\_\_\_\_