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## **AGREEMENT FOR SERVICE/INFORMED CONSENT**

### **Introduction**

This agreement is intended to provide [name of client] \_\_\_\_\_ (herein "client") with important information regarding the practices, policies and procedures of Visualize Your Life Counseling Center (VYLC), a private practice, and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed prior to signing it.

### **Therapist Background and Qualifications**

Visualize Your Life Counseling Center employs associates under the supervision of a licensed therapist. Confidentiality is kept at the highest level possible. Cases will be discussed in group supervision where supervisor and other counselors can guide and direct the intern. Your therapist identifies herself as an associate.

### **Process of Therapy**

Joining with clients to communicate, solve problems, and learn to maintain positive interactions by discovering the unproductive interactions and practicing techniques that lead to more fulfillments within. Supporting clients to transcend, heal, and get beyond old and possibly ineffective patterns of interaction that interfere with fulfilling relationships. Using a variety of invitations to help clients connect with self and then with others, including dialogue, expressive arts, imagery, along with other experiential modalities. Invite clients to go beyond just the story and join issues that arise in the moment, keeping the focus on self and taking responsibility for what they can change. Clients can at anytime accept or refuse an invitation.

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which we discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so clients can experience life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties clients may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which client's perceptions and assumptions are challenged, and different perspectives offered. The issues presented by clients may result in unintended outcomes, including changes in personal relationships. Clients should be aware that any decision on the status of his/her personal relationships is your responsibility. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with the Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. Regular participation in clinical, ethical, and legal consultation with appropriate professionals is done on a regular basis. During such consultations, identifying information concerning clients will not be shared.

### **Psychotherapist-Patient Privilege**

The information disclosed by a client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. If a subpoena is received for records, deposition testimony, or testimony in a court of law, the clinician will assert the psychotherapist-patient privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

### **Confidentiality**

The information disclosed by a client is generally confidential and will not be released to any third party without written authorization from client, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder, and dependent adult abuse, when a client makes a serious threat of violence toward a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

### **Email**

Client is welcome to leave email messages at any time by sending a message directly to: *s.maharaj.VYLC@gmail.com*. If the email requires a response, therapist will make every effort to respond promptly, but be advised that it may take up to a few hours. If client emails during the evening, on a weekend, or over a holiday, therapist may be unable to respond until the next business day.

While client is welcome to send therapist multiple messages, email communication is not meant to take the place of an office visit or psychotherapy session. If client requests that therapist read and respond to every email message sent between sessions, therapist may need to bill client for that time at the same hourly rate that was agreed upon for office visits.

In case of an emergency, DO NOT use email, but immediately call 911 for emergency response, and after that please leave a phone message for therapist at (916) 479-4288 if client is able to do so.

Client should be aware that although therapist takes every precaution to ensure the confidentiality of email messages, there is the possibility that email communications can be intercepted. For this reason, client should consider carefully whether or not client would like to communicate via email.

Any email therapist receives from client and any response therapist sends to client will be printed out and kept in client treatment record.

### **Fee and Fee Arrangements**

This therapist charges between \$\$60-\$120/50-100min session, respectively. Fees are not based on ability to pay and monthly income. This is discussed before or during the first session.

The agreed upon fee between Therapist and client is \_\_\_\_\_. Therapist reserves the right to periodically adjust fee. Client will be notified of any fee adjustment in advance. Clients are expected to pay for services at the time services are rendered. Cash and/or checks and credit cards are accepted.

From time-to-time, a counselor may engage in telephone contact with client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, a counselor may engage in telephone contact with third parties at cli-

ent's request and with client's advance written authorization. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

**Cancellation Policy**

Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which client failed to give at least 24 hours notice of cancellation. Cancellation notice should be left on your therapist's voice mail.

**Therapist Availability**

The therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Visualize Your Life Counseling Center does not provide 24-hour crisis service. In the event that client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

**Termination of Therapy**

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of my scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, we will generally recommend that client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. We will attempt to ensure a smooth transition to another therapist by offering referrals to client.

**Acknowledgment**

By signing below, client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. **Client acknowledges having received a copy of Visualize Your Life Counseling Privacy Policy.**

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Signature of Client (or authorized representative)

\_\_\_\_\_  
Date