**Deborah Weatherby LCSW**

**941-993-2617**

[**Deborah.weatherby@gmail.com**](mailto:Deborah.weatherby@gmail.com)

***THERAPIST-CLIENT TREATMENT CONTRACT***

THERAPIST-CLIENT TREATMENT CONTRACT Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at my next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES Psychotherapy is not easily described in general statements. It varies depending on the personalities of the pyschtherapist and client and the particular problems you bring forward. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your and my part, similar to the effort and practice involved in learning any new skill. In order for the therapy to be most successful, you will need to work on things we talk about both during my sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and a significant reduction in feelings of distress. There is no way to guarantee what your experience will be. My first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what my work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy so you should be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to suggest another mental health professional for you to consult.

MEETINGS I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we decide to proceed with therapy, we will schedule appointments at whatever frequency we decide on (e.g., weekly, biweekly, monthly). Sessions are 60 minutes long. PROFESSIONAL FEES As of March 18, 2019 The hourly fee for individual counselling from a registered psychotherapist is: $150.00. The hourly fee for for family and couples counselling from a registered psychotherapist is: $230.00. We are currently utilizing Headway for collecting insurance and private payment and that information will be provided to you before we schedule my appointment. My cancellation policy requires you to provide 48 hours notice. If you miss an appointment without providing notice you may be billed for the missed session. If you miss a scheduled appointment without calling to cancel, any pre-booked appointments may be cancelled without notice by your therapist. Your therapist may request payment for the missed session(s) prior to re-booking new appointments.

CONTACTING ME I am not usually available immediately by telephone. I monitor my voice mail messages regularly throughout the day and will return your call as soon as I am able. If you are difficult to reach, please leave times and numbers when you will be available. I do not normally make calls or check messages on evenings, weekends or holidays. If you are calling and it is an emergency, you are welcome to use my Cell Phone if we have pre-arranged this as part of a safety plan. Otherwise, you can contact your family doctor or a crisis service. You have the right to ask questions about anything that happens in therapy. I’m always willing to discuss how and why I’ve decided to do what I’m doing and to look for alternatives that might work better. You can feel free to ask me to try something that you think will be helpful You are free to leave therapy at any time. If either of us feel I do not have the skills or expertise to help with your particular problem I will be pleased to provide you with names of other local professionals.

LIMITS OF THERAPY There are some circumstances under which I may choose to terminate therapy.

ACKNOWLEDGMENT I have read this document and have had sufficient time to be sure that I have considered it carefully, asked any questions that I needed to, and understand it. I agree to abide by its terms during my professional relationship. Please sign here to indicate that you have read and understood the above.

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