

Concierge Couple Therapy Service Agreement 10/2024  
FOR REFERENCE ONLY

This is an agreement for Concierge Couple Therapy services with Douglas Johns, LCSW through Compassionate Enterprises, LLC. Thank you for reading and signing this legally mandated disclosure.

Douglas Johns, MSW, LCSW      503-252-3739      [concierge@MarriageCounselingPDX.com](mailto:concierge@MarriageCounselingPDX.com)

PO Box 16722, Portland, Oregon 97292

## INTRODUCTION

Thank you for the opportunity to support you and your partner in the growth of your relationship. I will do my utmost to provide a safe experience for mutual exploration and self-expression.

The focus of my work is specific to your relationship with its unique patterns and dynamics. Couple therapy is neither mental health therapy nor a mental health crisis service; I don't diagnose individuals nor individually treat one of you to the exclusion of the other partner. **Your relationship (you and your spouse/partner together) is the client: the Client-Couple.** Should the need arise, I may refer one or both of you to mental health clinicians for individual mental health counseling. Neither will I keep secrets from you or your spouse/partner. If you communicate with me individually I will feel free to share all information with your partner. If needed, however, I can consult with you individually to support and guide you toward revealing information to your partner that you are fearful to disclose.

Concierge Couple Therapy is a 'house call' subscription service only, providing couple therapy sessions and other services described below. **Couple therapy sessions may be in your home or at another agreed to location.** This contract provides specific information regarding this service, its policies, what specific services Douglas Johns may provide to you, and your rights and responsibilities as a client-couple. Your electronic signature at the end of this document is your acknowledgement that you understand and agree to the contents of this agreement. You can also find a copy of this contract on my website should you wish to refer back to it at anytime. I reserve the right to update/change this agreement without notice.

Because my priority is in keeping our therapeutic relationship as fresh and 'alive' as possible, **I require you to attend a minimum of three (3) therapy sessions per calendar month** to best achieve the growth you desire. Your monthly subscription fee includes the cost of these three sessions. Your access to any or all services may be curtailed or paused with infrequent visits. With the exception of very rare circumstances, I will only meet with you as a couple, even if one of you is temporarily absent due to illness or travel. It is my experience that working in this way helps keep the energy and intention where it needs to be, within the relationship.



## **SERVICE AREA**

I typically travel to client couples within a 20 mile radius of downtown Portland, Oregon. At this time I am only licensed to see clients who are physically in Oregon during a session.

## **INITIAL CONSULTATION ZOOM MEETING**

Your first meeting with me is a 90 minute Zoom Call for a fee of \$225. This initial consultation provides an opportunity to better understand how I may help your relationship, provides you with an introductory experience to how I work with couples, and provides an opportunity for you and I to decide whether Concierge Couple Therapy is a good fit for you. There is no obligation for you to commit to services after this initial interview; any party to this agreement may vacate the agreement, stopping all services, at any time within this contract's stated provisions. Following the initial consultation interview, you may receive a referral to another therapist if I believe this service is not a good fit for you at this time.

## **CONCIERGE COUPLE THERAPY — Subscription Fee and Services**

With your monthly subscription fee of **\$975**, Concierge Couple Therapy includes the following:

- Three (3) 90 minute 'house call' couple therapy sessions ("subscription sessions") per calendar month, scheduled Mondays - Fridays.
- Additional 90 minute sessions beyond the three monthly subscription sessions may be purchased for a fee of **\$290** per session for the remainder of each calendar month.
- Option for multiple house call sessions within a calendar week by request.
- Option to schedule sessions up to three hours long with a \$96 charge per each additional 1/2 hour beyond 90 minutes.
- "Urgent Care" house call sessions (soonest available).
- 30 minutes of complementary Zoom/phone coaching support per calendar week.
- Secure encrypted email for scheduling and consultation.
- Same day response to your inquiries/message left before 6pm Monday-Friday and within 36 hours over weekends and holidays.
- *Saturday sessions as available.*
- *Scheduling window as early as 8:30am up to 7pm, as available.*

## **PAYMENT**

It is my policy to first charge your credit card at the start of your Initial Consultation Zoom Meeting and retain your credit card information through a HIPAA compliant payment system ("Ivy" or "Ivy Pay" on your credit card statement). Thereafter your credit card will be automatically charged \$975 on the 1st of each calendar month in fulfillment of your subscription. All subscription fees and any additional one-time service fees must be fully paid by the start of any session.



If you would like to stop or pause your subscription **please inform me by email at the above address prior to the 1st of any month to avoid unintended charges to your credit card.**

Charges to your card for additional sessions (beyond the three monthly subscription sessions) and charges for additional session minutes will be made at the start of the those specific therapy sessions. All charges are final and may not be combined with another offer, package, or payment. Subscription sessions and services must be completed within the calendar month in which they are purchased. Sessions/Services may not be “saved up” or transferred to subsequent calendar months.

If you would like to regularly pay subscription fees or make other payments by check or cash after your credit card payment at the Initial Consultation Meeting, those payments must be received by me in advance of service delivery dates, either by mail or in person; without advanced payment your scheduled service may be cancelled. All checks must be made out to **Compassionate Ent. LLC**. I reserve the right to charge your credit card for any service or service related fee where I have not received payment, or where payment is due, as defined in the policies of this contract.

## **INSURANCE**

Because Concierge Couple Therapy is a subscription service it is not covered by medical insurance. Please inform me if you would like a paper copy of my business receipt (in addition to your electronic credit card receipt) for your records.

## **MEETING ENVIRONMENT**

You agree to provide a comfortable indoor area or room for house call sessions that is private, quiet, without interruption or disturbance, can easily accommodate three people, and from where no one may hear your voices or the contents of your session outside of that space. A home living room, for example, may be perfect as long as no one else is at home or able to overhear the session. An office or conference room space may work well if you are comfortable with any comings and goings of people outside the room and you are assured that conversations inside the room can't be heard through the door or walls. Your privacy is paramount and I will stop a session if I have privacy concerns.

## **CANCELLATION AND 'NO SHOW' FEES**

All scheduled sessions and services require a minimum **full 48 hour prior notice** (by phone or email) to avoid a cancellation fee. Your cancellation of any house call session with less than a full 48 hours notice, and up to 2 hours prior to appointment time, will incur a charge of **\$100** to your credit card. Subscription sessions cancelled up to 2 hours prior to the scheduled meeting time may be reschedule within that same calendar month. Cancellation of a subscription session within 2 hours of a scheduled session will incur the **forfeiture** of that one subscription session for the calendar month. Cancellation of any non-subscription session within 2 hours of its scheduled time



will incur a charge of **\$100** to your credit card. Cancellation of a scheduled Zoom or phone coaching call with less than a full 48 hours notice will incur a charge of **\$100** to your credit card.

The absence of either member of the client-couple at the start of a scheduled service with Douglas Johns (therapy session or Zoom Coaching call) is considered a 'no show', will automatically cancel that session, and incurs the following fees:

- For subscription sessions: forfeiture of that one calendar month session plus a charge of **\$100** to your credit card.
- For non-subscription sessions: a charge of **\$150** to your credit card
- For scheduled Zoom Coaching calls: a charge of **\$100** to your credit card

### **ILLNESS OR FAMILY EMERGENCY**

In the event an acute illness or family emergency prevents you from attending any scheduled service with less than 48 hours notice, you will **not** be penalized or charged in most circumstances. Please allow yourself to get well, help me stay well, or attend and give your full attention to what is needed. Please let me know as soon as possible, preferably by phone (503-252-3739), that you are cancelling. In the event that similar types of cancellations appear repetitive, I may elect to charge your credit card, per the policies of this contract, without notice.

### **VACATIONS AND SERVICE PAUSES**

Please provide me with notice of your vacation or service pause at your earliest convenience so I may adjust my schedule; at minimum a full 48 hour cancellation notice is required for any scheduled appointments. While there is no expectation for how long you remain in therapy, if you formally stop therapy and then return at a later date you may be subject to a wait list and/or changes to accustomed appointment times.

**Special Note:** Twice each year I pause my practice for an entire calendar month during which I see no clients (often January and August). I may also elect to pause an additional 14 days within any random month. In all cases you will receive at least 30 days notice prior to any pause.

### **COMMUNICATION**

Due to privacy concerns, I will not send or respond to text messages of any kind. Please use the free and encrypted HushMail email system (with a password you can remember) or phone me (leaving a voicemail if I don't answer) for all communication outside of scheduled sessions. A Zoom video call may also be arranged as needed.



## **BUSINESS COMMUNICATION**

I ask that any and all business communication take place at the beginning of each session. This includes payments, notice of vacation pauses, schedule conflicts, referral requests, etc. Doing so helps ensure that sessions end on time so I may transition to my next appointment.

## **CONFIDENTIALITY**

I will not release any identifying information about you to a third party without your expressed written consent. If you would like me to speak with another health professional about you specifically (therapist, physician, etc.) I also require your spouse/partner's written consent to be identified as participating in couples therapy. I will not discuss any details about your spouse/partner without her/his/their specific consent as well. You also acknowledge and agree to the following: 1) Any and all content from your couple sessions may only be released to a third party (attorney, etc.) with the expressed written consent of both you and your spouse/partner, and 2) You will not attempt to compel me by any means, including written or oral, to be a legal or expert witness to any legal proceeding.

## **INFORMED CONSENT**

I have read and agree to the preceding disclosure. I accept responsibility for the payment of all services provided to me and my partner by Douglas Johns, and Compassionate Enterprises LLC, and I give my consent to participating in couples therapy. I acknowledge that this contract makes no specific claims to the effectiveness of services provided, for any ancillary therapeutic interventions, nor for specific outcomes of any services provided. I understand that Douglas Johns is a "Mandatory Reporter" in the states of Oregon and Washington who may be legally compelled to break confidentiality for any of the following: 1. Disclosures regarding threats to anyone's physical safety and well-being, 2. Disclosures regarding sexual abuse, and 3. If a judge court-orders access to records.