Free Minds Counseling

About Your Therapy

Welcome to Free Minds Counseling! Following is some essential information about your treatment. Please read this carefully and sign at the end to indicate that you read and understand the information. Feel free to ask questions.

Length and Frequency of Appointments: Each of our appointments is generally scheduled to last 45 minutes. Duration and frequency of treatment vary depending on the nature of the problems and individual needs. I make the commitment to begin promptly at the scheduled time. If there is ever a time I cannot arrive on time, I will make every effort to let you know in advance. If I cause a late start, we will still be together for the full 45 minutes. If you arrive late for an appointment, we will end the session at our regularly scheduled time.

Phone and Emergency Contact: I will attempt to be available to you when needed. You can reach me at my direct line . I monitor my voice mails closely and will return your call as promptly as possible. When I do not return a call within three (3) hours I may not have received your message so please contact me again. If you cannot reach me immediately in an emergency situation, you can find help by going to your local hospital or by calling 911. When I am out of town for professional or personal reasons you will either be able to reach me at the above number or I will inform you in advance of another qualified professional who will take your call.

Financial Policy: You have been provided with my financial policy on a separate form, please read it carefully.

Appointment Cancellation Policy: You have been provided with my cancellation policy on a separate form, please read it carefully.

Confidentiality: My profession and my professional ethics as well as specific laws require me to keep what we discuss in confidence. You, of course, are free to discuss anything you want with anyone you want about our sessions. You have been provided with a copy of the Notice of Privacy Practices that informs you of what you need to know about confidentiality. Please read it carefully and sign the NPP consent form.

Freedom to Withdraw From Treatment: The most appropriate method for ending our scheduled sessions and terminating therapy is four us to agree on the time together. You may, however, tell me you want to stop at anytime for any reason. In either case, we will need to schedule at least two final sessions to summarize our work together and discuss your future. If you stop coming without letting me know in advance, our work together may not have appropriate closure.

Informed Clients Consent: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the preceding information and policies provided on the attached form. I have had the opportunity to ask questions. I agree to enter psychotherapy with Judy Thomas.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client or Client’s Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Client or Representative Relationship to the Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Client Representative’s Authority