

Client Agreement

THE PSYCHOTHERAPY PROCESS

Choosing a psychotherapist who is right for you is perhaps the most important component of psychotherapy. I generally recommend a commitment of 2-3 consecutive weekly sessions to start, as the initial evaluation and assessment are completed. At that time, I will make my recommendations, we can develop a treatment plan together, and we can better decide if I am the best match for your needs to help you reach your treatment goals.

You can discontinue psychotherapy with me at any time. If you wish to seek another mental health professional's opinion, I will refer you to other qualified professionals who may be a better match.

Successful psychotherapy hinges on effort put forth between both the therapist and the patient. Psychotherapy is a process which takes time and motivation on your part. While psychotherapy offers no guarantees, benefits vary widely. You may experience improved relationships, professional growth or transformation, improved self-esteem, and shifts in your self-talk.

You may also experience some uncomfortable emotions as part of the change process. These feelings are important to explore in therapy as they can often be a catalyst for growth and insights. If you have any concerns about your feelings or the process itself, please don't hesitate to bring it to my attention. This is a relationship in which we build trust to benefit your own growth and development.

SAFETY

- If at any time you have passive thoughts of harming yourself or someone else, please let me know. If you ever feel compelled to act on these feelings, you must go immediately to the nearest emergency room or call 911, *before calling your therapist*.
- If you abuse illegal or prescription drugs and/or alcohol, or drink an unsafe amount of alcohol, or feel you are experiencing withdrawal from any controlled substances, immediately go to an emergency room or call 911.

CONFIDENTIALITY

- Brief written records of each session are maintained in a secure location. You have the right to request that a copy of your file be made available to you or to any other health care provider in writing.
- Please note that while email and text communication between us is fine, especially for scheduling purposes, it is not secure. Keep this in mind when communicating sensitive or confidential information to me electronically. Calling is always best.

As a licensed psychotherapist, I maintain a strict policy of confidentiality. I will not share verbal information or written records about my clients, or even that you are in therapy, without specific written consent by you, or a legal guardian if the client is a minor. You may revoke this consent in writing at any time.

However, the law makes several notable exceptions to confidentiality, which are as follows:

- **Duty to Warn and Protect:** If a client discloses intentions to harm him/herself or another person, I am required to warn the intended victim and report the threat to legal authorities. If a client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the client's family.
- **Abuse of Children and Vulnerable Adults:** If a client states, suggests, or implies that s/he is abusing, has abused, or is in danger of abusing a child or vulnerable/dependent

adult, I am required to report this information to the appropriate social service and/or legal authorities.

- **Prenatal Exposure to Controlled Substances:** I am required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

CANCELLATION AND LATE POLICY

I will make a commitment to you as your therapist to help you reach your treatment goals. While I am available for emergent situations and crisis intervention, psychotherapy is most effective with regular and consistent meeting times. I understand that your life is busy and there are circumstances beyond your control. However, your scheduled appointment is time that is for you and you alone.

- You must cancel your session with a minimum of 24 hours notice.
- If you cancel your session with less than 24 hours notice, I will do whatever I can to fill that session time. However, if I am not able to fill that session time, you will be responsible for the full cost of the session.
- If you are late, we will still need to end our session on time.
- Please note that if you are using your out-of-network insurance benefits, you will not be reimbursed for missed sessions by your insurance company.
- During planned and/or unplanned absences on my part, I will provide you with a name and phone number of a covering therapist.

FEES AND BILLING

Sessions are 45 minutes and will be billed at the agreed upon fee. Session fees are due on or before the time of service, and are payable by cash, check, or credit card. Should a balance accrue and no payment is received after exploring possible solutions together, Alena Gerst Therapy reserves the right to seek payment by legal means, including but not limited to, retention of a collection agency.

Insurance

- As an out of network provider, I do not accept payments from insurance companies directly.
- If your insurance informs you that you have out of network benefits, be sure to ask the representative what your mental health coverage is, and what your deductible is.
- If you wish to be reimbursed by your insurance company, I will provide you with a diagnosis and Current Procedural Terminology (CPT) code to submit to your carrier once we have completed the intake assessment and evaluation. How much you will be reimbursed will depend on each individual's coverage.

WELCOME

Your satisfaction with your treatment is our shared goal. Please feel free to ask any questions about my training and professional experience you feel is necessary. Should you have any concerns about your treatment, I encourage you to raise them as they come up.

I have read and understand the Client Agreement. I agree to all office policies regarding safety, confidentiality, scheduling, payment, and fees.

Client Signature

Date

Alena Gerst, LCSW, RYT

Date