

**Bridges Individual and Family Counseling, Inc.**  
**Agreement for Services/Informed Consent**

**We are happy that you have decided to seek services with Bridges. We value you and look forward to working with you. This document is intended to provide you with important information regarding your mental health treatment. Please read the entire document and make sure to ask any questions you might have.**

**About the Therapy Process**

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Your therapist will work with you to develop an effective treatment plan. Over the course of therapy, your therapist will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is the goal of your therapist to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

**Risks and Benefits of Therapy**

Psychotherapy is a process in which your therapist and you discuss a wide variety of issues, events, experiences and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and your 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 to you, 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 your part, 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 your therapist will challenge your perceptions and assumptions,

and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is ultimately your responsibility.

### **Confidentiality**

The information disclosed by you is generally confidential and will not be released to any third party without written authorization from you, 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 towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

### **Minors and Confidentiality**

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

### **Appointment Scheduling and Cancellation Policies**

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your appointment. If you do not provide your therapist with at least 24 hours' notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

### **Therapist Availability/Emergencies**

You are welcome to phone your therapist in between sessions. However, as a general rule, it is our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during the therapist's normal workdays within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail.

**In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

### **Therapist Communications**

Your therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

- My therapist may call me on my home phone. My home phone number is:
- My therapist may call me on my cell phone. My cell phone number is:
- My therapist may send a text message to my cell phone. My cell phone number is:
- My therapist may call me at work. My work phone number is:
- My therapist may communicate with me by e-mail. My e-mail address is:
- My therapist may send mail to me at my home address.
- My therapist may send mail to me at my work address.

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by your therapist. For appropriate e-mail or text communication your therapist will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record.

### **Fees and Insurance**

The usual and customary fee for service is \_\_\_\_\_ per 50- minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. Your therapist reserves the right to periodically adjust this fee. You will be notified of any fee adjustment in advance. The agreed upon fee between you and your therapist is \_\_\_\_\_.

Fees are payable at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. If your therapist is not a contracted provider with your insurance company, managed care organization. Should you choose to use your insurance, your therapist will provide you with a statement, which you can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Although your therapist/provider is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide

payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

### **Records and Record Keeping**

Your therapist may take notes during session or following a session. Your therapist may also produce other notes and records regarding your treatment. These notes constitute your therapist's clinical and business records. Such records are the sole property of your therapist. Should you request a copy of your therapist's records, such a request must be made in writing. Your therapist reserves the right, under California law, to provide you with a treatment summary in lieu of actual records. Your therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Your therapist will maintain your records for seven years following termination of therapy. However, after seven years, your records will be destroyed in a manner that preserves your confidentiality.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, your therapist may regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, your therapist will not reveal any personally identifying information regarding you.

### **Psychotherapist-Client Privilege**

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

### **Client Litigation**

Your therapist will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. Your therapist has a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matter. Your therapist will generally not provide records or testimony unless compelled to

do so. Should your therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse your therapist for any time spent for preparation, travel, or other time in which your therapist has made him/herself available for such an appearance at your therapist's usual and customary hourly rate.

**Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

**Corporation Ownership**

Bridges Individual and Family Counseling, Inc. is a licensed marriage and family therapist corporation that is co-owned by Robin L. Thomas, LCSW and Roberta (Bobbi) Thomas, LMFT.

**Acknowledgement**

**Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign.**

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature (of client or parent)

\_\_\_\_\_  
Date