

THErapy SERVICE AGREEMENT

I am pleased to have the opportunity to work with you. Therapy provides an opportunity for exploration, healing, growth and change. An optimal therapy experience is grounded in the relationship that is established between the therapist and client. It is important that the conditions of this relationship are clearly outlined in order to create a consistent, stable and safe working environment. The terms outlined below will help ensure an optimal therapeutic relationship.

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. You may decide to make changes that may impact your current relationships. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Confidentiality

I agree to honor your confidentiality in all contexts. I work to avoid dual relationships when possible (i.e., committees, boards or personal friendships). If I should ever find myself in a social setting where you are present (e.g., shopping mall, restaurant, social event), I will respect your privacy by not initiating contact or seeking to engage you in a conversation unless initiated by you. Should a family member or friend accompany me, I will not introduce them to you.

There are exceptions to confidentiality, which are outlined below.

- Georgia state law requires that mental health professionals report to the Department of Family and Children Services any situation of suspected sexual, physical or emotional abuse or neglect between an adult and a minor. Therefore, any disclosure made during therapy sessions of such abuses will be reported. I am committed to handling such situations in a therapeutic manner.
- Georgia state law also requires that mental health professionals must comply with "Duty to Warn" standards, which mandates that a therapist report to law enforcement officials any direct threats to physically harm another person. This statute applies ONLY to direct and specific threats, which I have evaluated as representing an imminent danger if actually carried out.
- I am obligated to make an exception to confidentiality if there is clear indication of your intention to physically harm your own body or to commit suicide. In these cases, I will make every effort to ensure your safety by contacting your emergency contact person, family member, friend or other person in your close proximity. If these persons are not available, I will contact local emergency

services to assist you.

- If you would like me to talk with another professional provider from whom you are receiving treatment (i.e., psychiatrist, primary care physician), you will sign a Release of Information form authorizing the terms of such professional communications. I will communicate with another professional and your request only AFTER the Release of Information form is completed and signed.
- In keeping with generally accepted standards of practice, I frequently consult with other mental health professionals regarding management of cases. The purpose of the consultation is to ensure quality of care. Every effort is made to protect the identity of my clients.

Legal Concerns

By signing this agreement, you agree to inform me if your intention is to use this therapy as part of a legal proceeding. You also agree to inform me if, at any point in the therapy, any legal proceedings develop which might have an impact upon your therapy. I will release to a court of law information required by court order.

Minors & Parents

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers it is my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Client Responsibilities

You agree to participate actively in the therapeutic process by:

- a. Setting and discussing realistic and concrete goals to accomplish within a mutually agreed upon time frame.
- b. Bringing material into the 50-minute session, which you have been working on between sessions understanding that, at times, change requires personal work outside the session. When in session, it is also important to openly talk about whatever thoughts come to mind and emotions you are experiencing during the session.
- c. Discussing any questions or complaints concerning the therapeutic process.

Therapist Responsibilities

I agree to practice within my level of competence, licensure guidelines, and ethical standards of practice. If I believe that I am unable to do so, I will tell you and will

provide you with appropriate referrals.

- a. I am committed to promoting the principles of empowerment to help you move toward your goals for healing and change. Remember growth and healing are a process, not an event.
- b. I am committed to therapeutic treatment approaches that strive to promote and maintain the highest level of functioning for you throughout the course of your therapy.
- c. I am committed to answering any questions or discussing any complaints that you have concerning the therapeutic process.

Ending Therapy

I am committed to working with you as long as the therapeutic process is productive and healthy. The manner in which you end therapy is just as important as the manner in which you enter therapy. You entered into the therapy voluntarily and are free to discontinue therapy at any time you choose. When you decide to terminate the therapeutic relationship, you agree to talk openly with me about your decision and inform me two sessions before ending.

Fees /Attendance/Cancellations

The standard fee per 50 minute individual session is \$100 and couple/family session is \$110. By signing this agreement, you are agreeing to pay the full cost of your session at the time of service. If you are unable to do so, please talk with me so that you can arrange an alternate payment plan. If a check is returned for non-sufficient funds, a \$25 service fee will be imposed.

If additional services are requested and/or required that involve my time beyond the therapy hour, an additional fee will be incurred. This fee will be disclosed at the time of the request.

You agree to appear on time for all scheduled sessions. If you need to cancel an appointment, please call me 24 hours in advance to avoid being charged the full fee for a missed appointment.

I agree to appear on time for all scheduled sessions. If I do not show up for a scheduled session or inadvertently double-book your session and cannot see you during our scheduled time, I will give you your next session free of charge.

Insurance Reimbursement

Some insurance companies may be willing to partially reimburse you for the cost of your therapy. I will provide you with a receipt that you can submit to your insurance company and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. However, you are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. Insurance benefits can be very complex. HMOs and PPOs often require authorization before they provide reimbursement for mental health services and may

dictate the number of session they will pay for. Sometimes, clients feel that they need more services after insurance benefits end. Once you have this information, we will discuss what will happen if you reach your session limit before you feel you are ready to end your sessions.

In addition, insurance companies also require that I provide information relevant to the services that I provide. I am required to provide a clinical diagnosis. Sometimes, additional information, such as a treatment plan or copies of your Clinical Record is required. If such information is requested, I will make every effort to release only the minimum information about you to satisfy this request. This information will become part of the insurance company files. I have no control over what they do with it once it is released to them. It is important to remember that you may self-pay for services in order to avoid the aforementioned complexities.

Change of Address

If you change your address or phone number, please advise me as soon as possible.

Contact Information and Availability Between Sessions

Face-to-face contact is the preferred method for counseling services. A fee may be charged for phone time in excess of 10 minutes. Whenever possible, I return non-emergency phone calls within 24 hours. Generally, I do not return phone calls after 5pm on Fridays. Calls made after 5pm on Fridays will be returned the following business day. I do not carry a pager. If you are experiencing a life-threatening emergency, please call 911, go to your county mental health center, or the nearest emergency room for assistance. I will inform you in advance when I am planning on being out of town. If it is for an extended period of time, I will provide you with contact information for a back-up therapist. My confidential voice mail is 404.395.2067. Please use this number for any information about appointments. My email address is jennifer@jenniferfranksmith.com. Please use this for brief correspondences, such as notifying me of a change in your address. Please do not send chain emails, as they will be deleted without being read.

Please mail all correspondence to:
Jennifer Frank Smith, MA, LPC
1350 Spring Street Suite 225
Atlanta, Georgia 30309

Please keep this agreement form for your files. Please sign and return to me the signature form.