

Jeremy Treat, LMFT
Licensed Marriage and Family Therapist
MFC 49837
236 E. Foothill Blvd # C
Arcadia, CA 91006

Introduction

This agreement is intended to provide _____ (herein “Client”) with information regarding the practices and procedures of Jeremy Treat, LMFT (herein “Therapist”) and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating may result in a number of benefits to Client 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 part of the Client, including active participation in therapeutic process, honesty and 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 Therapist will challenge Client’s perceptions and assumptions, and other different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of the Client.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Confidentiality

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

If you participate in marital or family therapy, the therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained

in an individual session that you may have had with him or her, when working with other members of your family.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual or entity are parties. Therapist has a policy of not communicating with Client’s attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client’s legal matters. Therapist will generally not provide records or testimony unless compelled to do so. Should therapist be subpoenaed, or ordered by a court of law, to appear as witness in action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made himself available for such an appearance at Therapist’s usual and customary hourly rate of \$120.00.

Fee and Fee Arrangement

The usual and customary fee for service is \$120.00 per 50 minute session. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by agreement with Therapist.

The agreed upon fee between Therapist and Client is _____ per session. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance.

From time to time, Therapist may engage in telephone contact with Client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on pro rata basis) for any telephone calls longer than ten minutes. In addition, from time to time, Therapist may engage in telephone contact with third parties at Client’s request and with Client’s advance written authorization. Client is responsible for payment of the agreed upon fee (on pro rata basis) for any telephone calls longer than ten minutes.

Clients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, credit cards, and money orders.

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any session(s) for which client failed to give therapist at least 24 hours notice of cancellation. Cancellation notice should be left on therapist’s voice mail at (323) 250-3638.

Therapist Availability

Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Therapist Communications

Therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one or more of the choices below. Please be sure to note 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 communicate with me by e-mail. My e-mail address is:
- My therapist may send mail to me at my home address.

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the Therapist. For appropriate e-mail or text communication, 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 the Client's responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for time the Therapist spends reading and responding to e-mail or text messages.

Termination of Therapy

Therapist reserves the right to terminate therapy at his discretion. Reasons for termination include but are not limited to: untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside the scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion.

Acknowledgment

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name (please print)

Signature of Client (or authorized representative)

Date