

General Information and Agreement for Therapeutic Services

This form provides you with information regarding confidentiality and informed consent that is additional to that detailed in the *Office Policies* and the *Notice of Privacy Practices*.

The Therapy Process – Participating in psychotherapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, can be slow, difficult and at times painful. While there are no guarantees, your active participation will contribute greatly to this process. The quality of the relationship between therapist and client is vital to the success of the therapy, so I welcome any input from you about how the process is going, new directions you want to take, or any questions or concerns. In my therapeutic work I use a number of techniques including, but not limited to, experiential, psychodynamic, psychoeducational, somatic, cognitive-behavioral, and expressive arts modalities.

Client's Rights – You (client) have the right to a confidential relationship with me (therapist). Within certain legal limits (see # 3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission. If you participate in marital or family therapy, I 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. In addition, I will not disclose information communicated privately to me by one family member to any other family member without permission.

1. You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
2. If you authorize me to, I can release any part of your records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you.
3. Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:
 - a. Revealing to me active child abuse or neglect; if a perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors; if active physical abuse of a dependent adult or an elder is taking place.
 - b. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
 - c. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
 - d. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
 - e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
 - f. If your insurance company requests your records (minus the progress notes), I am not legally required to get your permission before releasing them (though I will discuss this with you first).
4. You have the right to ask questions about any of the procedures used in the course of your therapy and their possible risks. You also have the right to ask about other treatments and their risks and benefits. If you could benefit from any treatment that I am not qualified to provide, I have an ethical obligation to assist you in obtaining those treatments.
5. Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.

6. You have the right to discontinue therapy at any time. If either of us feels you are not benefiting from treatment, either one may elect to initiate a discussion of your treatment alternatives, including, among other possibilities, changing your treatment plan, referral to another professional, or terminating your therapy.

Emergencies – If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose I may also contact the person whose name you have provided on the biographical sheet.

Fees and Insurance – The agreed-upon fee for service is \$_____ per therapy session. Unless otherwise agreed, therapy sessions are fifty (50) minutes.

Please inform me if you wish to utilize health insurance to pay for services. 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. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. While I do not currently accept insurance directly, I can provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose.

Health Insurance & Confidentiality of Records – Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. If you instruct me, only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You should be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job.

Touch in Therapy – I am trained in some therapeutic modalities that can incorporate touch as part of psychotherapy. This sort of touch is always non-sexual in nature. It is always optional and never required for treatment services. If I consider that using a therapeutic intervention that incorporates touch could potentially be beneficial for your treatment, I will explain the prospective intervention to you and ask your permission before touching you. You always have the right to decline or refuse to be touched without any fear or concern about reprisal.

E-Mails, Cell Phones, Computers and Faxes – It is important to be aware that computers, e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. Please notify me if you decide to avoid or limit, in any way, the use of any or all communication devices such as e-mail, cell phone or fax. Additionally, I discourage text messages sent to my number as I use Google Voice for my voicemail and there is the possibility of a breach of confidentiality due to their storage policies.

I have been given the Notice of Privacy Policies, and I have read and fully understand the above General Information and Agreement for Psychotherapy Services.

I authorize and request that Myles Downes, MFT, carry out psychotherapeutic examinations, diagnostic procedures and/or treatment which during the course of my care as a client are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement.

Client Name	Date	Signature
Client Name	Date	Signature
Myles Downes, MFT Psychotherapist	Date	Signature