

PRIOR TO THE FIRST INDIVIDUAL MEETING WITH TODD HARVEY

Six months after we stop meeting, I will email you a questionnaire asking for your evaluation of our meetings. I would very much appreciate it if you would fill it out and mail or email it back.

**GENERAL INFORMATION**

NAME	
AGE	
PROFESSION (WORK)	
Phone numbers	
Email address	
Address	

Other information you think I should know:

## OFFICE POLICIES

### Todd Harvey MFT

**Introduction:** This Agreement is intended to provide you (Patient) with important information regarding the practices, policies and procedures of Todd Harvey (Therapist), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient.

*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 joint effort in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change. Participating in therapy may result in a number of benefits to Patient, 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 the part of Patient, 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. During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives.

The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient.

Progress and length of therapy vary from person to person, depending on a variety of factors including the nature and intensity of the presenting problems, the goals of treatment, motivation, and any life circumstances that may arise over the course of therapy. Patient should address any concerns he/she has regarding his/her progress in therapy and the length of therapy with Therapist.

Therapist and Patient will collaborate on therapy goals and work together to determine what will be most helpful. In addition to talk therapy, we may choose to incorporate other modalities that Therapist deems appropriate, such as R-CS, EMDR, somatic techniques, working in a state of mindfulness or telemedicine / skype.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled. Also, if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me.

**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.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**If / When I write a book:** I learn a great deal from experiences I have with my clients and plan on sharing with other therapists and other individuals and couples with written and online resources. If I share information about any of my clients in these resources I create, I will definitely modify, and withhold any information that could be used to directly identify the Patient.

**Consultation:** I consult regularly with other professionals regarding my clients; however, client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

**Confidentiality via the internet:**

The therapist will not be held responsible for any breaches of confidentiality due to measures beyond his control in relation to internet security.

The therapist agrees to hold in confidence information received via email, gmail, facebook, yelp, skype, other internet services, etc. However, the patient agrees to waive rights to confidentiality in relation to email, gmail, facebook, yelp, internet phone, skype, and other internet services. The client shall be aware that any communication via the internet may possibly be accessed by others.

Client agrees that therapist can contact Patient via email, facebook, yelp, internet phone, telephone, cell phone, skype, and other internet means (please cross out any mediums that you do NOT want the therapist to contact you through).

**PAYMENTS AND INSURANCE:** Clients are expected to pay the standard fee at the beginning of the session. My fees currently are:

- \$250 for 50 minutes for sessions
- \$375 for 80 minutes for sessions

Many insurance plans cover psychological services. However, you will need to file for reimbursement on your own. I will provide you with a receipt for service to submit to your insurance company.

**CANCELLATION:** a minimum of 7 days (7 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee (even if we agree to a lower fee) will be charged for sessions missed without such notification. There is no charge for the first such miss. If there are a number of cancellations within a 6 month period, the full fee will be charged even if you give 7 days notice,

**Termination:** Patient has the right to terminate therapy at any time for any reason. Patient has the right to coordinated transfer of services to another practitioner. Therapist has the right to terminate therapy with Patient under certain circumstances, such as non-payment of fees or concerns about clinical issues.

**Acknowledgement:** By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient’s satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient 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.

\_\_\_\_\_  
Print Name  
Date

\_\_\_\_\_  
Signature of Client