

THERAPEUTIC CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Although this document is long and sometimes complex it is very important that you read it carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will represent an agreement between us.

Psychological Services.

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit; it calls for an active effort on the part of the patient. Psychotherapy can aid you in discovering tools and techniques that can be utilized to improve the quality of your life and your relationships. Psychotherapy involves change, which may feel threatening not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. The process can include experiencing feelings like sadness, guilt, anxiety, anger, and fear and making changes that you did not originally intend. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that therapy is worth the discomfort they feel. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. As the patient involved in this process, you have the right to ask me about my professional experience, background, and theoretical orientation. As the therapist, I am offering the following information regarding the therapeutic relationship in response to frequently asked questions.

The Therapy Process

Initially, we will meet to evaluate the problems that bring you to therapy and I will give you some initial impressions of the kind of treatment that would be helpful to you. Session times are 55 minutes long for individuals and 90 minutes long for couples. I will not be able to extend your appointment time should you arrive late. During the first few sessions, you should be thinking about whether you feel comfortable working with me. Because therapy may involve a substantial commitment of time, money, and energy, it is important that you feel comfortable with the therapist you choose. If you decide that you are not comfortable working with me, I would be happy to help you find another therapist. If you do decide to work with me, we will develop goals and a treatment plan together. If we decide that group therapy is appropriate, I will give you a separate group contract, which we will discuss. Once psychotherapy is initiated we will decide on a regular schedule of meetings; usually at least one session a week. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. I can provide you with referrals to other therapists if that seems needed.

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Rights

1. You have the right to a confidential relationship with me. Within certain legal limits (see excepts 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.
2. 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.
3. If you ask me, 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.
4. You have the right to ask questions about any of the procedures used in the course of your therapy.
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 terminate therapy with me at any time without any financial, legal, or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
 - a. When I believe that therapy is no longer beneficial to you.
 - b. When I believe that you will be better served by another professional.
 - c. When you have not paid for the last two sessions, unless special arrangements have been made with me.
 - d. When you have failed to show up for your last two therapy sessions without a 24-hour notice.
 - e. If I determine during the first four sessions that I cannot help you, I will assist you in finding someone qualified. If I have written consent, I will provide that professional with information they request.

If any of these situations apply, I will send you a letter to your address of record to inform you of my decision and I will give you the names of other therapy options (individuals and/or agencies) for future counseling needs.

Fees

My basic fee for a psychotherapy session is \$_____ per hour. Payment must be made by credit card, cash or check at the time services are rendered, unless we agree otherwise. Periodically my fees increase due to inflation and cost of living increases. Services provided outside of regularly scheduled appointments such

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as report writing, preparation of records or treatment summaries, teletherapy, and the time spent performing any other service you may request of me are prorated.

Missed or Canceled Appointments

Please notify me as soon as possible if you need to cancel or reschedule your appointment. Unless you give me 24-hours notice, and without exception, missed or canceled appointments will incur the usual charge of \$_____.

Communications

Telephone Calls

Your messages are picked up on my confidential voice mail. I check my messages periodically throughout the day and return calls at my earliest convenience, usually within the same or next business day. I generally return phone calls Monday-Friday. It helps to leave me your phone number (even if you think I have it) and to let me know until what time is best for me to reach you.

If your situation is urgent, please make that clear on your message and I will return your call as soon as possible. In an immediate crisis, please call 911 for support. When I am out of town, I arrange for a licensed therapist to cover my emergency calls. You will be informed about who will be on-call for me or if I will be available to return your phone calls.

Text Messages

Unfortunately, I cannot ensure the confidentiality of text messages. Should you choose to communicate with me via text, you are assuming all risks regarding the confidentiality of any information you send via text. I strongly encourage you to call me instead or limit your text communications to scheduling communications only.

Email

Unfortunately I have no way to ensure confidentiality over the internet so, if you choose to contact me by email, you are assuming all risks regarding the confidentiality of any information you send. My communications to you via email will be remain professional and will be used for scheduling and billing only and will be done during business hours. Please let me know about any concerns regarding this issue.

Teletherapy

I offer teletherapy on a limited basis. I use Doxy.me for secure, HIPPA complaint online therapy sessions. Clients join virtual sessions with me from their computer by clicking on a link that I send to you before our scheduled appointment. Teletherapy is a great way to get support when you are traveling or unable to physically attend sessions, but there are limitations to it. It is your responsibility to create an environment on your end of the telemedicine transmission that is not subject to unexpected or unauthorized intrusion on your personal information. It is my responsibility to do the same. You also must understand that our telemedicine appointments occur in the state of California, (USA), and is governed by the laws of that

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state. In essence, you are using this modality to visit me virtually in my California office; to do our work together. Therefore, I am accountable to and abide by the legal and ethical guidelines of California's Board of Psychology.

Independent Practice

Although I share office space with other practitioners in the mental health field, I am not professionally affiliated with these practitioners. On occasion, various practitioners within our office may provide referrals or consultation services to one another; however, this is done on a case-by-case basis between independent practitioners. I maintain an independent private practice with files, billing procedures, and clinical practices that are separate from those of other practitioners within our office.

Confidentiality

Your therapy will include talking over very private things with me. To some extent my ability to help you will depend on how open you can be about yourself – your ideas, feelings, and actions. So that you can feel free to talk openly with a psychologist and so that your right to privacy is protected, the law makes it a psychologist's duty to keep patient information confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or send out information about you without your permission. If we become involved in family or couple's therapy (where there is more than one client), and you want to have my records of this therapy sent to someone, all of the adults present will have to sign a release.

If you ever want me to share information with someone else (for example, your physician), I ask that you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. We will talk about this before you sign the consent. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that waive their rights to access to your treatment records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, or that you are involved in serious high-risk behaviors. In this case, I will notify them of my concern and will let you know that I am doing so.

Exceptions to Confidentiality

There are exceptions to confidentiality that you should know about. Please note that while most of these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If you threaten to harm someone else, I am required under the law to take steps to inform the threatened individual(s) and appropriate law enforcement agencies.

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2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or dependent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court.
6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.
7. If you see me in couples, group, or family therapy, I ask that each member of the therapy promise to keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep this agreement.
8. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well. Similarly, when I am away or unavailable, my practice is covered by a licensed therapist. I may inform the on-call therapist about your situation to facilitate your getting appropriate support should you need it in my absence.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any of your questions or concerns as soon as possible. The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, I strongly suggest that you talk to a lawyer to protect your interests.

Special Situations: Separation, Divorce, and/or Custody Disputes

If you are considering bringing your child to me for therapy, then I will always ask whether you are separated or divorced and whether a legal decision has been made about legal custody and physical custody of the child. Except in an emergency, if parents have joint legal custody then I contact the other parent and obtain their consent before I begin to see the child in therapy. In most states, this is a legal requirement - when parents have joint legal custody then both parents must consent to the treatment. Furthermore, in most circumstances having both parents involved in the child's therapy is beneficial to the child and their therapy. I also typically contact the other parent in situations in which one parent has sole legal custody of the child because it is beneficial to the child when both parents support the treatment. Of course, all situations are not the same and we will have an opportunity to talk about your specific family before I contact any one else.

If we are working together in therapy and you are involved in a divorce or custody dispute, I will not provide testimony in court on any subject other than your therapy. You must hire a different mental health

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professional for any evaluations you require. This position is based on the following: (1) My statements may be seen as biased in your favor because we have a therapy relationship; (2) most, or even all, of the information I have about you has been provided by you and I do not have independent information about parenting or custody; and (3) my testimony might affect our therapy relationship, and I must put this relationship first.

I encourage you to ask any questions you have about therapy, about my professional background, and about what you have read in this agreement. In the unlikely event that problems arise during treatment that we cannot resolve together, I can refer you to other therapists for a consultation.

Client - Therapist Contract

Your signature here below indicates that you have read and understood the Patient-Therapist Contract:

Client(s) signature(s) _____ Date _____

Client(s) name(s) _____

Guardian's signature _____ Date _____

Relationship to client _____

Signature of person responsible for payment: _____ Date: _____

Name of person responsible for payment (if not yourself): _____