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**Welcome to my practice.** This document contains important information about my professional services and business policies and how they may affect you. Please read it carefully and make note of any questions you would like to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent for us to begin therapy.

In our first few sessions, I will conduct an assessment, to gather as much historical information as possible so that I can get to know you, and better understand the nature of your suffering so that I can conceptualize treatment and goals. If I feel that I am not qualified to treat you due to lack of skill or experience, I will do my best to find referrals for a better suited therapist for you.

Therapy is a unique and highly individual experience. The outcome is determined by the effort and motivation you bring to work towards a change in yourself and how you see the world around you. Therapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase self-awareness about psychological and emotional conflicts that keep you stuck in unwanted patterns. There is no guarantee that therapy will yield the positive or intended results. During the course of therapy, you may feel a range of emotions that can be intense and uncomfortable. Some of your assumptions, perceptions, or behaviors may be challenged, and this may result in you feeling upset, angry, uncomfortable, confused or disappointed. I encourage you to explore these feelings during our sessions, as they are a part of the therapeutic process. The process of change is not always an easy one, but you took the courageous act of seeking out support. Keep your personal goals in mind, and stick with it!

That said, our therapeutic relationship is voluntary. I welcome feedback about what feels like it is working, and what is not. At any time during our work together, you have the right to decide to end treatment. I encourage you to discuss this with me. During the course of therapy, if I assess that I am either unable or not effective in helping you reach your therapeutic goals, I will discuss this with you, and if appropriate, provide you with appropriate referrals and assist you in the transition to a new therapist if you so desire.

**My credentials.** I am a Licensed Marriage and Family Therapist. I hold licenses in Utah and California. I attended graduate school at the California Institute of Integral Studies; my degree is a Master's in Integral Counseling Psychology.

**Meetings.** Each session lasts between 50-60 minutes.

**Fees.** If I am an approved provider under your plan, I will bill your insurance plan for services. It is your responsibility to stay current with your insurance, including alerting me to changes or if you become uninsured. You agree to pay all copays as required by your insurance. Your insurance may request certain information and you agree to provide consent to my providing the information they request. You are financially responsible to me for all charges, including unpaid charges by your insurance company or third-party payor. If you are paying out of pocket, payment is due on the date service is rendered.

Cancellations and missed appointments. Since scheduling an appointment involves the reservation of time specifically for you, and insurance does not reimburse for missed sessions, I require 24 hour notice if you need to cancel or reschedule, although 48 hours or more is preferred. I will charge you \$70 for appointments cancelled within 24 hours, unless you and I decide that the circumstances were beyond your control. Please leave a voicemail if you need to cancel within 24 hours, providing details of the reason you need to cancel the session. If you are more than 20 minutes late for a session, I will consider that a no show, and charge you the \$70 fee. If there are 3 no shows, I may terminate treatment. If I need to cancel a session within 24 hours, I will waive one late fee if you need to cancel within 24 hours.

**Confidentiality.** The session content and all relevant materials to your treatment will be held confidential unless you request this in writing. If you need me to be in touch with another professional or family member regarding your treatment, please discuss with me. I can provide a release of information for you to sign so that I can share otherwise confidential information. Limitations of such client confidentiality exist and are itemized below:

- 1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- 2. If a client threatens grave bodily harm or death to another person.
- 3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

- 4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
- 5. Suspected neglect of the parties named in items #3 and #4.
- 6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
- 7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

**Families and couples in therapy.** If I am seeing your family for therapy, I reserve the right to use my own discretion and clinical judgment in disclosing information family members choose to share with me individually. I will use my best judgment as to whether, when, and to what extent I will make disclosures and will also, if appropriate, first give the individual the opportunity to make the disclosure him/herself. This no secrets policy also applies if I am seeing you in couple's therapy.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Contact with me.** I am not available for crisis between sessions. If you feel you are in crisis, please call the UNI crisis line at 801-587-3000 or 911

You may text me regarding scheduling, but text is not appropriate for discussion of clinical matters. Please note that confidentiality cannot be guaranteed with any email or text exchange. For your own well-being and privacy, as well as mine, please limit emailing/texting to appointment scheduling issues only.

**Social media**. I do not accept friend or contact requests from clients or former clients on any social networking site. Adding clients may blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

| Printed name of client                             | <br>Date     |
|--|--------------|
| Signature of client                                | <br>Date     |
| Janet Sessions LMFT                                | <br>Date     |
| Consent to Treat a Minor. I,                       | ) give Janet |
| Printed name of client and name of parent/guardian | <br>Date     |
| Signature of parent/guardian                       | <br>Date     |
| Janet Sessions LMFT                                | <br>Date     |

By signing below, you acknowledge that you have read and understood the above contract and

you have had any questions answered to your satisfaction.