

# CLIENT AGREEMENT

**Welcome to Sandra Hope Counseling!** The following information is designed to help answer any questions/concerns you may have regarding my services. I also need to know that you understand and agree to the terms of my policies. My goal is to communicate clearly so I can most easily deliver quality service to you. I encourage you to take your time going over this agreement and will be happy to answer any of your questions regarding the terms of this contract.

I believe people can make better decisions if they have enough information and understand how something works. The process involves your active involvement as well as personal efforts to understand your thoughts, feelings and behaviors. Many times change will be easy and swift, but often it will be slow and deliberate; effort may need to be repeated. Mutual hard work leads to successful outcomes. With this in mind, I suggest that we work together to set the goals of therapy, so that the agenda will be clear and effective.

I also recognize that there are both benefits and risks associated with counseling and therapy. In addition to symptom reduction, potential benefits of psychotherapy include the improved ability to identify problematic areas, evaluate reasonable options, and take action in an honest manner. You may also learn important things about yourself, acquire helpful life management skills, and integrate past and present learning toward higher functioning.

Risks of the process however, might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example, will not necessarily keep a marriage intact). While I believe that therapy will be helpful, there is no guarantee of any specific outcome; therefore, it is vital that you discuss any questions or concerns about the treatment process with me at any and all points in the therapy process.

The relationship between you and me will always be professional. Although our sessions may be psychologically intimate, it is important for you to realize that you will be best served in counseling if your relationship with me remains professional and that sessions concentrate on *your* concerns. Also, it is not my policy to serve as a witness or advocate for you in court proceedings.

## **Appointments/Fees**

Sessions are generally 50 minutes long. The fee for each session is \$80. I accept cash or personal checks. All fees are payable to Sandra A. Hope at the time of each session.

In the case of children from a divorce or legal separation situation, the parent bringing the child is responsible to pay the fee at the time of the session. The fee will be based on the family income of the parent or parents authorizing the counseling.

Fees for other services such as written reports and psychological testing are charged at current established rates. You are responsible for payment for any services provided, whether requested by you or necessitated by subpoena or other court process. These may include, but are not limited to, court time, travel time, preparation time and legal consultation fees. Payment is expected at the time of your visit, unless other arrangements are made beforehand.

### **Cancellation Policy**

Because your time is valuable to me, I will make every effort to begin and end promptly. I request a 24-hour cancellation notice or the usual fee will be charged for the session time. For your convenience I have a 24-hour answering machine. You may call the service with cancellations on evenings and weekends.

### **Confidentiality**

I keep all information shared with us in strict confidence. No one will be informed of your visits without your full knowledge and usually a signed *Consent to Release Information* form. Exceptions to this confidentiality however, include:

1. My legal obligation to report suspected abuse or neglect of children, elderly persons, or disabled persons.
2. My legal obligation to protect a client who is at imminent risk of harm to self or others
3. My legal obligation to comply with a court order of subpoena of records.

### **Communication Outside of My Office**

I do have an answering machine if you choose to call and leave a message. I may also need to contact you by phone regarding scheduling or other matters. If calling you at home or at work and leaving a message would present a problem for you with regard to confidentiality it is important you let me know beforehand, please check below which are appropriate:

Phone call at home    Leave message at home    Phone call at work    Leave message at work

In the future, I may utilize faxed communication to send and/or receive *Consent to Release Information* forms to and from other providers.

I may need to contact you through the mail. If mail from my office presents a confidentiality problem for you, it is your responsibility to make alternative arrangements.

### **Complaint Procedures**

If you are dissatisfied with any aspect of your experience with me, please inform me immediately. This will make our work together more efficient and effective. If you believe you have been treated unfairly or unethically in the therapy process and cannot resolve the problem with me, we could use a consultant to assist us in the process. If that does not work we could choose to end our relationship.

### **Contractual Agreement**

If you have questions about this document, please feel free to ask me. Please sign and date this form below. A copy can be given to you upon request and I will keep one in your confidential records.

I have read and understand the above policies and procedures and agree to abide by them.

Signature \_\_\_\_\_

Date \_\_\_\_\_