

Clients utilize psychotherapy because they are having concerns about certain aspects of their personal lives. Our first step will be to explore your concerns. Once we both understand the situation, we can devise various strategies for dealing with it. For therapy to be effective, you must make a commitment of time and energy; you are expected to be actively involved in the process. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

You are expected to keep your appointments and to arrive on time. Appointments last for 50 minutes and will begin and end as scheduled. **If appointments cannot be kept, they must be cancelled 24 hours in advance, otherwise you will be charged \$250.00 for that appointment.**

THERAPIST RESPONSIBILITIES

All information discussed during our sessions will be kept in strict confidence unless I have your written permission to tell someone you have specifically named. It is important that we maintain the highest of ethical standards in the counseling relationship. Therefore, I am restricted from socializing with clients outside of sessions, even after termination, to maintain the integrity and uniqueness of the therapeutic relationship and to avoid potentially harmful interactions. And finally, I am available to help with the amelioration of interpersonal issues but cannot dispense information or advice regarding medical, legal, financial, or other situations outside of the scope of ethical counseling practices.

CLIENT RIGHTS

If you have any questions about my suggestions or procedures, feel free to ask. I will try to provide clear and concise answers. You have the right to refuse to do something I suggest and to discontinue counseling at any time and for any reason. You also have the right to request another therapist and I will be happy to assist you in finding one.

PROFESSIONAL CONSULTATION

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

CLIENT FEE POLICY

I value my services at \$250.00 per 50 minute session. Fees are due at the beginning of a session. Cash, check, debit cards and credit cards are accepted. **There is a \$5.00 processing fee for card transactions.**

If you are an insured client, you are required to pay in full and then seek reimbursement from your insurance company. I will be happy to provide you with a receipt on a weekly or monthly basis. Please be aware, your insurance company may deny reimbursement and you will be responsible for the full payment.

If you need to cancel your appointment, please do so within 24 hours, otherwise you will be responsible for the \$250.00 No Show/Late Cancellation fee. If you are billed for this, there is a 2% late charge assessed every thirty (30) days on any unpaid amount.

Please initial below that you understand the terms of payment:

_____ I agree to pay \$250.00. I understand I am responsible for seeking reimbursement from my insurance company.

CONSENT FOR TREATMENT

This is to certify that I give permission to Christopher Taylor LMFT #79581 to provide psychotherapy services to me (or my child). I understand that therapy is voluntary and I can discontinue at any time. My signature below indicates that I understand and agree to abide by all provisions listed above.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date