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## **Psychotherapist-Client Contract Informed Consent to Treat**

Welcome to Boca Raton Counseling Center. This document contains important information about our professional services and business policies. Please take time to read it carefully and make a note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it represents an agreement between us.

Psychotherapy is not easily described in general statements. It varies depending on the personality of the therapist and the client, as well as the problems and challenges you bring forward. There are many different methods that may be used to deal with the problems you want to address. The goal is to provide each individual with the treatment that best fits their needs. We take an authentic, genuine approach to the therapeutic process. A healthy relationship starts in the room.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress.

Sessions are usually 60-minutes per week at a time we mutually agree on. Once an appointment is scheduled, you will be expected to pay for the session unless 24 hours advance notice is given, or unless we both agree that you are unable to attend due to circumstances beyond your control. If at all possible, I will try to find another time to reschedule the appointment.

### **Professional Fees**

Our fee is \$300 for 60 minutes. If other services such as requested report writing, , attendance at meetings with other professionals and the time spent performing any other service you may request of me, partial fee may incur. That being said, as a complimentary part of our practice, we do accept text and calls between sessions as an additional source of support when needed. Please be aware that my services do not extend to include any involvement in legal procedures.

You will be expected to pay for your session at the end of each appointment, unless we agree to other arrangements. Cash, venmo, and zelle are acceptable forms of payments. Credit card processing is also permitted with a small percentage fee.

**Insurance Reimbursement**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If requested, I will provide you with a superbill that you could in turn give to your insurance company for reimbursement depending on your out of network benefits and deductible.

**Contacting Me**

I commit to being accessible via the phone when I am not in session.. While am usually in my office during business hours, I do not answer my phone when I am with a client. When I am unavailable, my phone is answered by voicemail which I monitor frequently. I will make every effort to return your call on the day you make it. In the event of an emergency and I cannot be reached , please call 911 or go to your nearest emergency room. As a courtesy and part of our practice, we are available via text as needed between sessions should you need extra support.

**Minors**

If you are under 18 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 require an agreement from parents that they agree to give up access to your 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. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you have about what I am prepared to discuss.

**Confidentiality**

In general, the law protects the privacy of all communications between a client and psychotherapist, and I can release information about our work to others only with your written permission. However, there are a few exceptions.

If I believe that a child or vulnerable adult is being abused, I am a mandated reporter and am legally obligated to file a report with the appropriate state agency (DCF). If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may require notifying the potential victims, contacting the police (or other law enforcement agency), or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her, and/or to contact family members or others who can help provide protection.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of client (or parent of minor) \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**I hereby consent to be treated and have been informed of the limitations and risks:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

