

Welcome to Core Counseling and Coaching Services
June Timberlake, M.A., MFT
License MFC32781

COUNSELING SERVICES CONTRACT

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you may have so that you can discuss them in your meeting. Once you sign this, it will constitute a binding agreement between you and your therapist.

MARRIAGE, FAMILY, AND CHILD COUNSELING

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. The first objective is to identify and clarify the elements of the problem(s) that bring you to counseling. This is the assessment/evaluation phase and it usually takes 2 – 4 sessions. Even during the initial sessions however research shows that people receive benefits like reduction in distress feelings.

After evaluation there is goal setting and actions steps identified and agreed upon between the client and the therapist. There are a number of different approaches that can be utilized to address the issues you desire to work on. It is different than visiting a medical doctor in that it requires a very active effort on your part. In order to be most successful, you will have to work both during your sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of distress feelings, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

By the end of the evaluation, I will be able to offer you some initial impressions of what your work will include and an initial treatment plan, if you decide to continue. Evaluate this information and your priorities realistically as therapy involves a large commitment of time, money and energy. If you have any questions about my procedures, they should be discussed whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

SESSIONS

During the evaluation time, the initial 2-4 sessions you and I can both decide whether I am the best person to provide the services that you need. If you choose to continue with me, I will usually schedule one 50-minute session (one appointment hour) per week at a mutually agreed time, although sometimes sessions will be longer or more frequent. **ONCE THIS APPOINTMENT HOUR IS SCHEDULED, YOU WILL BE EXPECTED TO PAY FOR IT UNLESS YOU PROVIDE 24 HOURS ADVANCE NOTICE OF YOUR CANCELLATION OR UNLESS YOU AND I AGREE THAT YOU WERE UNABLE TO ATTEND DUE TO CIRCUMSTANCES THAT WERE BEYOND YOUR CONTROL.** If it is possible, I will try to find another time to reschedule the appointment that same week.

TERMINATION

Treatment is terminated when you and I agree that your presenting problem and any related issues have been resolved. However, if I determine that treatment is ineffective, I may elect to terminate therapy prematurely. Naturally, if this happens, you will be given several referrals to competent therapists so that you may continue your treatment. You also have the right to elect to discontinue if you deem therapy is not helping. I will keep you informed if I have reservations about our work together and I request that you do the same because endings are also an important part of the therapy process.

PROFESSIONAL FEES

My fee for individual work is **\$150.00** for the first session (60-70), **\$140.00** for following individual sessions (60 minutes), and **\$60.00** for group therapy. Couples are **\$150.00** and families are **\$160.00** per 60 minute session. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 15 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, longer than normal sessions, or the time required to perform any other service which you may request. Please note, we do not typically get involved in court

cases, custody disputes, or mediation. If we are called by a judge or an attorney to testify in a case you are involved in, payment from you is due prior to any services rendered at a fee of \$300.00 an hour. All sessions with interns are billed at a reduced amount of \$100.00 per session because of their pre-licensed status.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless it is agreed otherwise. Please have payment ready at the beginning of each session. I will be happy to bill your insurance company for your policy reimbursement to be sent to you. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. **HOWEVER, YOU AND NOT YOUR INSURANCE COMPANY ARE RESPONSIBLE FOR FULL PAYMENT OF THE FEE WHICH WE HAVE AGREED TO.**

CONTACTING YOUR THERAPIST

Therapists are not often immediately available by telephone. Our telephone is answered by an automatic answering machine, which is monitored frequently. Every effort to return your phone call within 24 hours, with the exception of weekends and holidays, will be made. If you are difficult to reach, please leave some times when you will be available. If you cannot reach us and you feel that you cannot wait for your call to be returned, you should call your family physician or the emergency room at the nearest hospital and ask for the mental health professional on call. If we are unavailable for an extended time, you will be provided with the name of a trusted colleague, whom you can contact if necessary.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they consent to give up access to your records. If they agree, we will provide them only with general information on how your treatment is proceeding unless there is a high risk that you will seriously harm yourself or another, in which case they will be notified of the concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, the matter will be discussed with you.

CONFIDENTIALITY

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

1. In most judicial proceedings, you have the right to prevent us from providing any information about our treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it.
2. There are some situations in which therapist are legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment.
 - If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
 - If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm himself/herself, I may be required to seek hospitalization for the client, or to contact family members who can help provide protection.
3. I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I will make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

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

Client Signature

Date

Therapist Signature

Date