

Nikki Harris, MA LMFT

714.553.1517

Licensed Marriage and Family Therapist #53711

COUNSELING SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Counseling (or therapy) is not easily described in general statements. It varies depending on the personalities of the therapist and the client, and the particular problems you bring to therapy and want to address. Your feelings about the therapy experience and your therapist are very important. I encourage you to discuss any questions, confusion, or frustrations you experience so that they don't become obstacles to your treatment. I believe you are the best authority on whether or not a treatment relationship will be helpful.

CONFIDENTIALITY

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

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example: If I believe that a child or an elderly or disabled person is being abused, I may be (must) required to 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. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm him/herself, I may be (am) be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to discuss it with you before taking any action.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

APPOINTMENTS

Therapy sessions last 50-minutes and are typically scheduled weekly. Appointments need to be made in advance.

CANCELLATIONS

Once your appointment is set, this time is set aside for you, and thus, you will be expected to pay the full fee unless you provide at least a 24-hour notice of cancellation.

OUT OF SESSION COMMUNICATIONS/SOCIAL MEDIA

I am open to receiving brief texts and/or emails for purposes of APPOINTMENT SCHEDULING and/or CRISIS MANAGEMENT between regularly scheduled appointments.

However, please note I don't provide therapy via electronic communications due to the fact that unauthorized persons and/or entities can access all communications, which may comprise the privacy and confidentiality of such communications.

Emails will be included in your clinical record, which can be subpoenaed in the event of a situation that would legally require me to provide your mental health record for review by a court of law.

Texts are not fully secured from unauthorized access.

I do not accept Facebook Friend requests from clients nor do I follow clients on Instagram or allow clients to follow me- for purposes of confidentiality and privacy.

PROFESSIONAL FEES

My standard fee is \$175 per 50-minute session.

In addition to appointments, I charge \$175 per hour for other professional services you may need, although I will pro-rate the fee for periods less than an hour. Other services may include report writing, telephone consultations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be billed for the time I participate on your behalf at my hourly rate of \$175.

EAP CLIENTS

I have an agreement with your EAP at your company regarding payment. Therefore, my standard fee does not apply to you.

BILLING AND PAYMENTS

Payment is expected at the time of each session, unless we agree otherwise. I accept cash/check/credit cards. You will be responsible for all fees connected with my professional services due at the time of services or at termination, until all fees are paid. Unpaid fees may be subject to legal action or referral to a collection agency.

INSURANCE REIMBURSEMENT

I prefer to dedicate my time to meeting my client's therapeutic goals and for this reason and due to the complexities of managed care, with excessive paperwork and third party decision-makers, I choose not to subscribe to any insurance panels at this time.

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

Client Signature (or Guardian if Client is a Minor)

Date

Nikki Harris, MFT

Date