

Nikki Harris, MA LMFT  
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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.

### **THERAPY SERVICES**

Therapy 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 with me so that they don't become obstacles to your treatment.

### **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 maybe (am) be obligated to seek hospitalization for him/her or to contact family members or others who can provide protection. If these situations occur, I will make every effort to discuss it with you before taking any action.

### **APPOINTMENTS**

Therapy sessions are 50-minutes and are typically scheduled weekly.

## **PROFESSIONAL FEES**

My standard fee is \$175 per 50/minute session. Payment is expected immediately following the session unless we agree otherwise. Payment is accepted via Zelle or Credit card through the Ivy Pay App (which is HIPPA compliant).

You will be responsible for all fees connected with my services due at time of service or at termination, until all fees are paid. Unpaid fees may be subject to legal action or referral to a collection agency.

In addition to appointments, I charge \$175 per hour for other professional services that may be asked of me, although I pro-rate the fee for periods less than an hour. Other services may include report writing, telephone consultations lasting more than 15 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 outside of the sessions. 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

## **CANCELLATIONS**

Once your appointment is set and agreed upon, this time is set aside for you, thus you will be expected to pay the **FULL FEE** unless you provide a 24-hour notice of cancellation.

## **EAP CLIENTS**

I have a contract with your EAP provider at your company regarding payment for services. Therefore, my fee does not apply to you.

## **OUT OF SESSION COMMUNICATIONS AND SOCIAL MEDIA**

I am open to receiving **BRIEF** TEXTS or EMAILS for purposes of scheduling appointments and/or crisis management between regularly scheduled appointments.

However, please note I do **NOT** provide therapy through text, email, or any apps of communication.

These forms of communication are not confidential and may comprise your privacy, they are not secured from unauthorized access.

Emails and/or texts can be subpoenaed in the event of the courts request. I may be legally required to provide your mental health record for review by the court of law.

I do NOT accept Facebook or Instagram requests, nor will/do I follow clients on any platforms of social media- for the purposes of confidentiality and privacy.

**INSURANCE REIMBURSEMENT and SUPERBILLS**

I prefer to dedicate my time to meeting my client’s therapeutic goals, 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.

I will provide a SUPERBILL if you request to submit to your insurance company.

Your signature indicates that you have read the information in this document and agree to abide to the terms.

Client Signature (or Guardian if Client is a minor)

Date

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Nikki Harris, LMFT

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