

THERAPEUTIC CONTRACT

For Mary Jo Pedersen, LMFT

The Therapy Process: Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but sometimes it will be slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. As part of the therapeutic process, you will be challenged to make healthier decisions for yourself. I believe all people have potential for growth.

My approach to therapy is collaborative. This means that both the therapist and the client come up with possibilities to create more fulfilling and satisfying friendships, marriages and families.

My theoretical perspective is a combination of the following:

Cognitive/Behavioral therapy, (take a look at your Belief systems with a Belief system inventory), **Family systems**, (understanding family dynamics) take a look at patterns in your relationships and roles family members play; also communication skills – what “messages” are you giving and getting from your partner), **Solution Focused**, (looking for each individual’s strengths and building on them) also work in a combination with **Gestalt Therapy**, (integration of the inner and outer self) and **Voice Therapy**, (taking a look at the rational self, the anti-self, or all the negative voices in your head).

Gestalt says we all tend to be like plants wanting to grow towards the light all the time – that we all have an inherent desire to grow as people, and I believe this is very true. I also use some of the **Jungian techniques** of taking a look at what you desire or like in another person is what you already possess within yourself. Also, I think it is very important to take a look at what you don’t like in someone or even find irritating in someone – which is a part of you that needs understanding and compassion.

As you can see from above my approach is eclectic; however, I will work diligently to use what is most helpful for each individual and/or families. At Central Coast Counseling Center, the therapists a team approach in regards to working with family members. I may discuss the work occurring in your session in these sessions while maintaining your anonymity. If you are uncomfortable with this, please initial here. _____

Client’s Rights: You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

1) You have the right to know the content of your records at any time. I have the right to provide you with the complete records or a summary of their content.

2) If you ask me, I can release parts of your records on file to any person you specify. I will tell you whether or not I think releasing that information to that agency or person might be harmful to you.

3) Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:

- a) If you reveal to me active child abuse, neglect, or abduction. An alleged perpetrator is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors. If active physical abuse of a dependent adult or an elder is taking place.
- b) If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
- c) If you are in therapy, or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
- d) If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
- e) If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
- f) You have the right to ask questions about any of the procedures used in the course of your therapy.
- g) Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
- h) You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
 - 1) When I believe that therapy is no longer beneficial to you.
 - 2) When you fail to follow recommended treatment.
 - 3) When I believe that you will be better served by another professional.
 - 4) When you have not paid for the last two sessions, unless special arrangements have been made with me.
 - 5) When you have failed to show up for your last two therapy sessions without a 24-hour notice. If there has been a misunderstanding, please call.
- 6) If you have a scheduled appointment and do not give a 24-hour notice before cancelling Central Coast Counseling Center will bill you \$55.00 for the therapist's lost time. Holman Group clients can decide to make a \$55 donation or have their sessions discontinued and be referred back to the Holman Group for reeducation.**
- 7) If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified. If I have a written consent, I will provide that professional with information they request.

If any of these situations apply, I will send you a certified letter to your address of record to inform you of my decision and I will give you the names of several therapists for your future counseling needs. If I have written consent I will provide that professional with the information they request in writing. As life can bring unexpected circumstances, should I be unable to continue your therapy, my trusted colleagues, John Lonsbury, L.M.F.T., Gail Liguore MS, LMFT, or Margaret Gustavson MA, LMFT will contact you to discuss what would be best for you at that time.

For self-paying clients - I agree to pay the fee of \$165.00 for each completed fifty-minute session. I will make payment in cash, credit card or by check at the time of the therapy appointment, unless we have other arrangements. For insurance clients - I agree to pay the contracted rate or co-pay (whichever applies). I will make payment in cash, check or credit card at the time of therapy, unless we have made other arrangements. I understand that I can leave therapy at any time and that I have no financial, legal, or moral obligation to complete the maximum number of sessions listed in this contract. I am contracting only to

pay for completed therapy sessions, or for any session I miss without providing 24-hour notice, and for telephone time as outlined in the Office Policies section.

Date ____ / ____ / ____ Client's Signature _____

Date ____ / ____ / ____ Therapist's Signature _____

Consent for Treatment: I, _____ authorize and request that Mary Jo Pedersen, L.M.F.T., carry out psychotherapeutic examinations, diagnostic procedures, and/or treatment which now or during the course of my care as a patient are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment form.

Date ____ / ____ / ____ Client's Signature _____

Date ____ / ____ / ____ Therapist's Signature _____

OFFICE POLICIES

Payment for Service: You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify me if any problem arises regarding your ability to make a timely payment.

Insurance Reimbursement: As a courtesy we bill insurance companies. We take Behavioral Health in-network insurances, but, we will bill for out-of-network insurances also.

Signing below is an agreement to keep Central Coast Counseling informed of any changes in your insurance policy, deductibles, and/or co-payments and that you understand that failure to inform the office staff or therapist of such changes will result in loss of any refundable co-pays. Central Coast Counseling also requires that you inform us of any secondary insurance that should be billed. Failure to notify us of a secondary insurance can result in you being billed for the co-pay.

For your own peace of mind, you should call your insurance company (before your scheduled appointment) to see how your policy pays for Behavioral Health, In-Network, or for Out-of-Network. At the time of your appointment you can ask for your billing statement to be printed and given to you.

Cancellations: Since an appointment reserves time specifically for you, a minimum of 24-hour notice is required for the rescheduling or canceling of an appointment. Without notification of an emergency such as an illness or accident, a \$55.00 no show fee will be charged to your account for the missed session. Holman clients will be expected to make a \$55 donation.

If you accrue 3 absences or cancellations without 24 hours notice or a phone call you may be discontinued from services.

Written forms: There is a charge of \$110 per hour for any written correspondence needed.

Court appearance: There will be a charge of \$110 per hour if I am required to appear in court for you. \$110 needs to be paid in advance, and then you will be billed for the rest.

Office Hours: My office hours are from 9:30am until 5:30pm (with 4:30pm being the last scheduled session) Monday through Thursday and on Fridays by appointment only. If you need to contact me between sessions, please leave a message and I will return your call.

Telephone Time: After 15 minutes of telephone time, you will be charged a prorated fee that cannot be billed to your insurance.

Session Lengths: Sessions are 45 to 50 minutes long, beginning at the scheduled time of appointment, which include filling out forms required for therapist information, and HIPAA law. Due to unforeseen circumstances before session a 10 -15-minute leeway for therapists is expected.

Couples/Families/Group Sessions can run from 1.5 to 2 hours. Insurance clients can only be billed for 1.0 hour (Insurance does not pay for 2 hour sessions). Thus, clients will be responsible for paying for the extra time.

Sessions Greater Than 50 Minutes: Sessions that go beyond the fifty minutes will be prorated to the nearest quarter hour, unless you have made prior arrangements with me.

Session Rates: Rates are \$165.00 per session for Licensed Marriage Family Therapists. All other rates are on a limited basis signed and agreed upon between the Therapist and Client.

Emergency Procedure: An emergency is an unexpected event that requires immediate attention. If an emergency situation arises, please state this when you leave your message, and I will return your call as soon as possible. You can also call the 24-Hour Crisis Helpline (**THE NEW CRISIS PHONE NUMBER IS 211**) Cell phones use 1-800-400-1572. If the emergency requires it, please go to your local hospital's Emergency Room and then follow-up with your physician.

I have read and understand these office policies.

Date ____ / ____ / ____ Client's Signature _____

Date ____ / ____ / ____ Therapist's Signature _____