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THERAPEUTIC CONTRACT FOR PSYCHOTHERAPY: INFORMED CONSENT

Welcome to my practice! I appreciate your trust and the opportunity to be of service to you. I enter our relationship with optimism and an eagerness to work with you. Because therapy is a collaborative effort, we will work most productively and comfortably together when we mutually agree upon and understand the nature of the therapeutic experience. This set of agreements is designed for you to have informed consent regarding your treatment. It is divided into four parts: the psychotherapy process, your rights as a client, my fees, and your written consent. Please feel free to note questions that come to your mind so we can discuss them. Also, please forgive the length of the contract. Not only does it give us valuable information but the law and professional ethics require it.

Part I: The Process of Psychotherapy

Participating in psychotherapy can result in a number of benefits to you, including better understanding of your personal goals and values, improved interpersonal relationships, increased personal and business production, as well as resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort and can result in discomfort. Change will sometimes be easy and quick, but more often it will be slow and frustrating. During the course of therapy I will draw on a wide variety of psychological and spiritual approaches, including the behavioral, cognitive, psychodynamic, existential, family systems, Gestalt, among others.

Remembering and resolving unpleasant events in therapy can bring on strong feelings of anger, depression, fear, etc., as well as positive feelings like love and compassion. Resolving issues between marital partners, family members, and other individuals can lead to discomfort

as well and may result in changes that were not originally intended (e.g., separation, divorce, or career change). It is also possible that there may be times when psychotherapy produces neither benefits nor losses.

Part II: Client's Rights, i.e. Your Rights

As a client it is important to realize that you have rights. More specifically, you are informed of the following rights:

1. You have the right to a confidential relationship with me. Within certain legal limits (see # 4 below), information revealed to me during the course of psychotherapy/family consultation will be kept confidential and will not be revealed to any agency or other person without your written permission
2. You have the right to know the contents of your records at any time, and I have the right to provide you with the complete records or a summary of their content.
3. At your request any part of your records can be released to an agency or person you specify.
4. PLEASE NOTE: As a mandated reporter, I have the legal duty to report certain information you disclose to me during the course of psychotherapy/family consultation. I am not required to inform you of my actions, although I will make every attempt to do so. These legally defined situations include:
 - a. If you reveal information to me about child abuse or neglect. (I am legally mandated to inform Child Protective Services even if I just SUSPECT child abuse. Further, recent changes in the law require that if you tell me that an adult 21 or over is having sexual intercourse with a child 15 or younger, I am mandated to report this; if a child 15 or younger is having sexual contact with an adult 10 years or older. I am also mandated to report this immediately and within 36 hours in writing to Child Protective Services.
 - b. If you are an adult now, but the perpetrator is in contact with

- minors and there is a reasonable suspicion that he/she may still be abusing minors.
- c. If I suspect or you reveal information regarding active elder or dependent abuse.
 - d. If you threaten physical harm or death to another person. (I am required to warn the intended victim and notify the appropriate law enforcement agencies.)
 - e. If you are in therapy /family consultation or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to that court.
 - f. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically requested in that subpoena
 - g. If you are in a lawsuit where emotional harm is being claimed, your therapy/family consultation records may be subpoenaed by the opposing side.
 - h. If there is an emergency, where your life or well being is in immediate danger, I can release information, which would protect your life to the appropriate persons or agencies without your permission. If I do so, I will discuss this with you as soon as possible afterwards next session.
5. I may sometimes consult another professional about your treatment/family consultation. I do not reveal your name or other identifying information.
6. You have the right to ask questions about any of the methods used in the course of your therapy. I will explain my approach to you at any time.
7. You have the right to choose NOT to receive therapy from me. I will provide you with names of other qualified professionals whose services you might prefer.

8. You have the right to terminate therapy/family consultation with me at any time without financial or moral obligations other than those you've already incurred. In turn, I have the right to discontinue therapy with you or recommend other treatment under the following conditions:

- a. When I believe that therapy/family consultation with me is no longer beneficial to you. During the first month, I will assess if I can be of benefit to you and inform you. I will not work with clients/consultees who I do not think I can help.
- b. When I believe that another professional will better serve you or you can benefit from any treatment that I cannot provide.
- c. When your account is overdue (unpaid) and there is no agreement on payment.

9. By law, I am required to keep appropriate records of our work, including a proper diagnosis and assessment. At your request, I will provide a written summary with two weeks' notice.

Part III: Fees and Length of Therapy

In any professional relationship, payment for services is an important issue. Your responsibility for assuring that services are paid for demonstrates your seriousness, sincerity, and commitment as well as your respect for me. With that in mind, I, Rudi Lion, ask that you, as my client, make the following agreements:

I understand that I am financially responsible for this treatment and for any portion of the fees not reimbursed or covered by insurance, such as missed appointments. I agree to pay Rudi Lion \$175.00 for each completed fifty-minute session at the time of the session unless other arrangements have been made. Longer sessions are prorated at this fee rate, i.e., \$175.00 per 50 minutes. Insurance Reimbursement: Clients who carry insurance will bill their own insurance. I will provide you with the appropriate billing information, which you can send for reimbursement. I do not bill insurance companies nor do I accept payment from them.

3. Telephone Time. After 10 minutes of telephone, you may be charged at your regular fee i.e., \$175.00 per 50 minutes.

4. Cancellation: Since an appointment reserves time specifically for you, a minimum of 48-hours notice is required for rescheduling, or canceling of an appointment. The full fee will be charged for missed session without such notification. Most insurance companies do not reimburse for sessions missed.

5. I agree to pay Rudi Lion for any missed session, or part of a session not canceled within 48 hours, in acknowledgement that an appointment is a commitment to our work and a contract between us. In turn, if I, Rudi Lion, miss a session without notice, I will not charge you for your next session.

6. I understand that my fee may be moderately increased each calendar year.

7. Patient Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of **\$175.00**

Part IV: Consent for Treatment

I, _____, agree to enter psychotherapy with Rudi Lion, licensed Marriage Family Therapist, and I authorize and request that Rudi Lion carry out psychological examinations, treatment and/or diagnostic procedures which now or during the course of my care as a client are advisable.

I understand that the purpose of these procedures will be explained to

me and be subject to my agreement.

My signature here attests to the fact that I have read, understand, asked any relevant questions, and agree to abide by the points presented above.

Date _____

Client's Signature _____