

## **THERAPIST-CLIENT SERVICE AGREEMENT**

Welcome to Strategies for Conscious Change (SFCC) and Perales Therapy, the online arm of SFCC. Thank you for considering working together. This document contains important information about my professional services, business policies, and some frequently asked questions about therapy. Please ask questions about anything here. You will be asked to sign a document acknowledging that you have read and understood this document and the previous HIPPA document.

### **Psychological services**

Therapy is a relationship that is based on clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you will have certain rights and responsibilities. As your therapist, I have corresponding responsibilities to you. You have a right to make requests and ask for clarifications on my approaches or the topic that we are addressing. We will work together in a collaborative process, which may include some homework or practicing of skills outside of sessions.

### **Potential Risk**

Psychotherapy has been shown to have benefits such as increased satisfaction in interpersonal relationships and greater personal awareness and insight. However, alongside these benefits there are risks, which are inherent to any kind of intervention. The process often requires discussing unpleasant aspects of your life. Risks may include remembering difficult experiences, re-experiencing situations, and having uncomfortable emotions like sadness, anger, helplessness, and disappointment. It can even seem that you feel worse before feeling better, and this is to be expected. Ultimately the final risk is that, even with our best efforts, therapy with me might not work. I ask that you continually bring up concerns throughout the process for us to address them directly.

### **First Session**

The first session will involve a comprehensive evaluation of your needs and concerns. We will discuss your treatment goals and create an initial treatment plan. If you agree with what we discuss, then we will begin our therapeutic relationship and focus on the work needed to achieve those goals.

### **Last Session**

Ending therapy can happen for many different reasons. You or I may end therapy at any time. I do request having a last session so that we may review the work and progress made and to come up with a plan, which may include referrals to other therapists if needed.

### **Online Therapy**

SFCC provides online therapy via PeralesTherapy.com for those living in Texas and Nevada. We use a secure service through our technological partner, Chiron Health, which will provide additional information when you sign up. Your privacy is our utmost goal and we also acknowledge that electronic communication could be interrupted by outside sources. The information set for in "Notice to Privacy Practices" and this document apply to online therapy. While online therapy can be very

beneficial, it may not be appropriate in all cases. Your first appointment will help determine and recommend the type of treatment needed. Please know that there might be times when I as your therapist will stop online therapy and reach out to get you connected to somebody in-person, even if that's not me.

## **Appointments**

Appointments are scheduled for 55 minutes; we continuously discuss how often to attend sessions. The full session fee is applied when you miss a session without canceling or cancel with less than 24 hour notice.

## **Fees & Insurance**

Please see the Fee Agreement form for details on options. Credit card is the preferred method of payment. Returned checks are subject to a fee of \$35.00. I do not continue to schedule appointments if you have a balance. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. I do not currently take insurance. I can provide paperwork to you if you would like to submit a claim for out-of-network services. Please note that not all insurance companies will reimburse for out-of-network services so please check directly for your plan.

## **Professional Records & Confidentiality**

Policies about professional records and confidentiality are fully described in a separate document entitled Notice of Privacy Practices. I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location and according to federal and state privacy laws. You have been provided with a copy of that document. Please remember that you may reopen the conversation at any time during our work together.

## **Business Associates**

As part of my ethical and professional values, I participate in a consultation group with therapists on a weekly basis. This group provides support and insight on issues for which we, the therapist and client, may find challenging. There are services for which I may hire other professionals such teletherapy video services, credit card processing, or administrative duties. Identifying information of the client is restricted to an as-needed basis.

## **Contacting Me & Social Media**

I will return your calls within 1 business day; text and email may take longer. Phone calls for anything urgent are the best way to reach me. Even with measures in place, email and texting are not 100% secure forms of communication, thus I prefer to limit that communication to scheduling issues. If you are experiencing an emergency, please call 911.

For your privacy, we do not accept friend requests nor do we "like" or "follow" clients on social media. We have public social media sites, which serves to share resources and helpful information about therapy. We are ethically and legally bound not to engage with you in these public spaces. We are not

allowed to ask for endorsements about your care nor can we respond to what has been written about us. We realize that clients like to share on these public forums and ask you to consider your privacy.

### **Your participation**

If you are unhappy with what is happening in therapy, I request that you bring it up so we can talk about it. Such comments will be taken seriously and handled with care and respect. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have a right to end treatment when you want. I may have a clinical opinion that ending is not recommended; in those situations I hope that we can set a plan and consider alternative treatment with referrals.

### **Consent to Psychotherapy**

Your signature on the attached form indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.