



Policy Information & Informed Consent to Treatment

This is your therapy: We will work together at establishing your goals and will regularly evaluate your progress to ensure you are getting what you need and want. Please note, clients who are deemed addicted to drugs or alcohol may be asked to work toward or maintain sobriety as a condition of counseling.

Length & Frequency of Sessions: The length of each session will be 50 minutes, and they will take place once per week. In some cases, sessions may be more frequent if we decide together that this is in the best interest of your treatment. If you are running late for an appointment, please note that the amount of time allotted for your appointment will not be changed.

Cancellations & Missed Appointments: I charge for appointments that are missed or cancelled with less than 24 hours notice. Consideration will be given in the case of emergencies. Two weeks notice is required before termination of counseling.

Fees: The cost of services for an individual for the first and second session is \$150.00. The cost of services for an individual for subsequent sessions is \$135.00 due at the time of the appointment. The cost of services for a couple for the first and second session is \$175.00. The cost of services for a couple for subsequent sessions is \$155.00 due at the time of the appointment. I accept all major credit cards. If paying by check, please have your check prepared before your session begins and make it payable to *Rachel E.S. Wright, Inc.* If you choose to pay in cash, please have the exact amount before you make your payment, as I am not able to provide change. All co-payments are due at the time of service.

Additionally, I will charge your regular per-session fee for any additional services outside of our normal therapy sessions (e.g., telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals as you have authorized, preparation of records and treatment summaries, and time spent performing any other clinical or related services you may request, among others). I will prorate the fee for any additional services outside of our normal therapy sessions for periods less than one hour.

In the case of legal proceedings that may require my participation on your behalf, you will be expected to pay for my professional time, even if I am called to testify for another party. Due to the difficulty involved in legal proceedings, I charge \$150 per hour for preparation and participation at any legal proceeding.

Telephone Calls & Emails: If you need to reach me between sessions, please leave a message on my voicemail with your name, phone number, and the best time(s) to reach you. I will return your call as soon as possible and I make every attempt to return calls within 24 hours, except on holidays and vacations. I will charge you at the regular rate of your normal therapy session for frequent conversations or those lasting longer than 10 minutes.



Due to issues related to online confidentiality, I reserve email communications for limited transactions only such as online inquiries about my practice via my website and via related online psychotherapist websites (e.g., Psychology Today, etc).

I will provide you with advance notice of when I will be out of town, and my voicemail message will inform you how to contact the colleague who is on call for me in case of emergency.

For your information, you may reach suicide prevention anytime at 1-800-784-2433. In the event of an emergency, you may also call 911 or go to the nearest emergency room.

Confidentiality: All sessions will be confidential. However, I am legally and ethically obligated to ensure your safety and must advise appropriate agencies, family members, or other persons if it appears that you are a danger to yourself or others. Additionally, the law mandates I report any suspected child, elder, and/or dependent adult abuse or neglect to the proper authorities.

Other Resources: I am available to share other resources with you including reading materials, service organizations, referrals to other health practitioners, educational support services, etc. Please feel free to ask for these resources with the understanding that I cannot be responsible for their quality.

Please let me know if you have questions about the above information contained in this policy. Please sign and print your name below and return to me at the time that we begin treatment. Keep a copy for your records.

Client Signature

Date

Client Printed Name

Client Signature

Date

Client Printed Name