

Therapeutic Contract

Probable Length of Services: Although some clients elect to pursue long-term, in-depth treatment, many issues can be resolved within 6 to 9 months for adults and 9 to 12 months for children and adolescents. The success of any treatment depends on the motivation, willingness and dedication of the person being treated. For this reason, we can make no guarantees about treatment length or success.

Risk of Services: Therapy is a process in which the therapist and client discuss a myriad of experiences, memories and issues for the purpose of creating positive change so the client can experience his/her life more fully. It provides an opportunity to better and more deeply understand oneself, as well as, any problems or difficulties that he/she may be experiencing. It is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems being addressed, as well as other factors. You should also know that therapy is intended to induce change in your life and when this change occurs it may disrupt your accustomed manner of living and your relationships. During the therapeutic process, many clients find that they feel worse before they feel better. This is pretty normal.

Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The client should discuss any concerns he/she has regarding his/her progress with the therapist.

Therapeutic Approach: Sessions are conducted face to face, telehealth, or telephonic based on insurance approval. Our approach to therapy is collaborative. Because you as the client are your own expert we will work together to identify and set goals. We will use a combination of the following therapeutic approaches and more:

• **Cognitive Behavioral Therapy and Dialectical Behavioral Therapy** - based on a scientifically supported assumption that most emotional and behavioral reactions are learned. Therefore, the goal is to help clients unlearn their unwanted reactions and learn new ways.

• **Family Systems Therapy** - focuses on understanding the patterns in your relationships and the roles that your family members play. We look at the communication skills and whether they are working for you and your family.

• **Solution Focused Therapy** - focuses on identifying, and building on one's already present strengths to overcome problems.

• **Play Therapy** - a way to reduce anxiety and guardedness. Play provides a structure and context that is comfortable for children, while allowing indirect yet experiential expression of feelings, needs, traumas and hidden strengths.

Your Rights:

1. Treatment is entirely voluntary, and you have the right to terminate at any time.
2. You may withhold or withdraw consent to the Telehealth/Telephonic consultation at any time without affecting your right for future care or treatment.

We have the right to terminate therapy with you under the following condition(s):

1. We believe that therapy is no longer beneficial to you.
2. If you fail to follow recommended treatment repeatedly.
3. We believe that you will be better served by another professional.
4. You have not paid for at least two sessions, unless special arrangements have been made.
5. If you have failed to show up for four or more sessions without a 24-hour cancellation notice.
6. If you fail to comply with the 24-hour clean/sober policy for more than two sessions.

Limits of Confidentiality:

All information that you disclose to us in our sessions is confidential and will not be revealed to anyone without your written permission (parents if under 14) except for the following reasons:

1. Where there is reasonable suspicion of child abuse, dependent adult abuse, or elder abuse.

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2. If you reveal to us that alleged perpetrator is in contact with minors and there is reasonable suspicion that he or she may be abusing minors.
3. Where there is reasonable suspicion that you are likely to harm yourself unless protective measures are taken.
4. If you threaten to harm others and there is reasonable suspicion that you are likely to carry out the threat. In the above cases, your counselor is required by law to break confidentiality in order to protect you, or someone you might endanger, from harm.

Records:

Your file will consist of legal forms such as this document, record of visits and payments, and clinical progress notes which contain enough information to justify your treatment should that ever be a need to justify it. You have a right to view your records and should make that request in writing. A charge may apply for copies of records, letters, or documents to be completed. Please inquire with office staff on fees.

OFFICE POLICIES

Insurance:

As a courtesy, we will bill your insurance company. We take EAPs, in-network and out-of-network insurances. Please call your insurance company ahead of time to see if your policy pays for in- or out-of-network therapy.

Also, please find out if you have a deductible or co-pay. You will be fully responsible for the fee if your insurance denies payment. If you are using insurance to pay for sessions, they assume the right to know diagnosis, determine how many sessions you can have, as well as, the right to request additional information from the therapist to justify continued payment for your treatment. This information is given maybe a brief summary and/or copies of your chart to include intake, assessment tools, and progress notes.

Cancellations:

Since appointment reserves time specifically for you, a minimum of 24-hour notice is required for

cancellation and/or rescheduling of an appointment. Outside of an agreed upon emergency or accident, you may be billed \$50.00 for any missed sessions. You must pay the \$50.00 prior to rescheduling your missed appointment or set up payment arrangements to pay the \$50.00 prior to rescheduling your missed appointment.

Telephone Calls:

You are welcome to leave messages on the confidential voicemail for A.M.A. Counseling Services, LLC. A member of our staff will call you back within 72 hours receiving the message. In certain circumstances, our counselors are agreeable to providing treatment over the phone at the same hourly rate as agreed upon for your office visits. However, telephone calls are not meant to take the place of an office visit. ***If your call exceeds 15 minutes, you will be billed directly for your therapist time.*** Most insurance companies do not reimburse for telephone counseling so you may be charged a service fee equal to a regular session fee.

Telehealth/Telephonic Sessions:

Telehealth/Telephonic involves the use of electronic communications to enable mental health providers at different locations to engage in therapeutic treatment for the purpose of improving psychological wellbeing. The information may be used for diagnosis, therapy, follow-up, and/or education purpose and may include any of the following:
Live two-way audio and video platforms such as Doxy.me for telehealth services or telephone line for telephonic services.

Telehealth platforms used will incorporate security protocols to protect the confidentiality of patient identification and imaging. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with Telehealth/Telephonic consultation, psychological testing, and/or therapeutic sessions. All existing confidentiality protections under federal and



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Pennsylvania law apply to information disclosed during this Telehealth/Telephonic consultation.

Telehealth/Telephonic improves access to mental health care enables you to remain in your current location. More efficient or timely mental health evaluation and management. Obtaining expertise of a distant specialist. Delays in mental health evaluation and treatment could occur due to deficiencies or failures of equipment. In this instance, telehealth option would be deferred to alternative means of communication through telephonic option.

24-hour Clean and Sober Policy:

Clients are expected to remain sober for 24 hours prior to their session. We reserve the right to terminate any session if we believe that a client is under the influence or has used substances, within the past 24 hours, that impair his/her ability to participate in treatment. *If session is terminated due to substance use, it is considered a no-show and the client will be charged the regular session fee.*

Payment for Services:

Sessions are \$275.00 or a fee set through your private insurance per therapeutic hour (45-60 minutes). If you are a sliding scale client, your fee will be determined prior to your first session. You are expected to pay for services (full fee or co-pay) at the time they are rendered unless other arrangements have been made. Please notify a representative of A.M.A. Counseling Services, LLC if any problems arise regarding your ability to make timely payments. We accept cash, check, or credit card (Visa, Master Card, or Discover).

Office Hours:

Our office hours are:
Monday – Thursday 9am – 9pm
Friday 9am – 8pm
Saturday 8am – 4pm

All appointments are scheduled for a specific time.

No walk-ins please. If an ad hoc/emergency appointment is needed, please contact us to schedule one. We will do our best to accommodate your needs. Office will bill accordingly based on appointment type.

In Case of Emergency or Crisis Situation:

- Call 988.
- Go to your nearest emergency room.
- In the Lehigh County, call the Crisis Line at (610) 782-3127.
- In the Northampton County, call the Crisis Line at (610) 252-9060.
- In the Lehigh Valley area, you may utilize the WARM Line at (610) 820-8451.

NOTE: If you have been hospitalized due to a mental health crisis, please have the hospital staff contact A.M.A. Counseling Services, LLC and leave a message at (610) 419-1536.

I understand that, I personally will be billed for any missed or cancelled appointments (without 24-hour notice) as insurance companies do not typically reimburse for missed sessions. _____ (Initials).

Consent for Treatment:

I/We, _____, authorize and request that A.M.A. Counseling Services, LLC carry out assessments, diagnostic procedures, and/or treatment for me/us while I/we remain a client. I understand the purposes of any procedure will be fully explained and subject to my/our agreement.

I/We have read, understand and fully agree with these office policies and terms of the therapeutic contract.



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I received a copy of the therapeutic contract and give consent to therapeutic treatment.

Client's Signature (If over 14) Date

Parent's Signature (If client is under 18) Date

Client's Signature (If in couples counseling) Date