

CLIENT-THERAPIST AGREEMENT

This agreement outlines Laurie Kingsley's policies and provides important information about her services. I understand that I am encouraged to ask Laurie about anything in this agreement that is unclear, or to which I object.

Session Fees

Laurie charges a basic fee of \$200 per 50-minute session.

Laurie does, however, serve clients from all income levels and reserves a portion of her practice for clients that require a sliding scale.

Payment

Is due at the beginning of each session by cash or check made payable to Laurie Kingsley, unless other arrangements have been agreed to. In the event of a returned check, I understand that I will be responsible for all bank charges incurred. If there is any change in my ability to pay, I agree to let Laurie know. If my account becomes more than 60 days in arrears and suitable arrangements for payment have not been pre-arranged, Laurie has the option of using legal means to secure payment, such as collection agencies or small claims court.

Cancellation

When I schedule a session with Laurie, that time is reserved solely for me. For this reason, Laurie requires 24 hours notice of cancellation or I understand that I will be charged for the session. Sessions are typically 50 minutes. Unless otherwise specified, Laurie's policy is to charge a prorated amount based on your established fee, for telephone calls over five minutes, report-writing and outside consultation (i.e. with schools, family members, etc.).

Communication

In addition to Laurie's regular office telephone, I may use email and text to communicate with Laurie about scheduling issues only. I am aware that Laurie cannot guarantee the confidentiality of electronic communications, and she may not be checking her email, cell phone texts, or office telephone more frequently than twice daily. For this reason, if I believe I am experiencing a psychiatric emergency, I agree to dial 9-1-1 or go directly to the nearest hospital emergency room.

Consent for Treatment

By signing this form, I am voluntarily consenting to psychotherapy, counselling, education and all other services provided by Laurie Kingsley. Psychotherapy has been shown to have benefits for the majority of people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolution of specific problems. However, there are no guarantees about what will happen. "Risks" of therapy might include experiencing uncomfortable levels of feelings while dealing with painful issues.

I understand that I can revoke this consent at any time in writing by contacting Laurie at the address above.

(initial)

Release of Personal Health Information

I understand that Laurie Kingsley shall maintain a record of each visit. The information recorded will typically include information about my symptoms and a plan regarding treatment. This information is considered "protected health information" and as such will only be used or disclosed for the purpose of treatment, payment and healthcare operations and otherwise will not be released without my specific authorization, except in certain circumstances which are outlined in the Notice of Privacy Practices.

Privacy

Exceptions to privacy may occur:

- 1. If I am a risk to my own safety or to the safety of others;
- 2. If Laurie has reason to suspect that I or anyone else has hurt a child or elder;
- 3. If the court has a legitimate subpoena to impound my records; and
- 4. If I am in a lawsuit where emotional harm is being claimed.

_____ A copy of the Notice of Privacy Practices is available on the website www.lauriekingsleymft.com
(initial) or available upon request.

I agree to these policies. yes no

If I do not agree to the policies outlined in the Notice of Privacy Practices, I have the right to request restrictions on certain uses of protected health information.

Patient Rights and Responsibilities

I acknowledge that this is a partnership between Laurie Kingsley and myself (or minor child) and as such I agree to actively participate in my treatment.

_____ I also acknowledge the rights available to me. A list of patient rights and responsibilities is available on the
(initial) website www.lauriekingsleymft.com.

A copy of these rights and responsibilities is also available upon request.

I have read this form. I understand and agree to it. All of my questions have been answered to my satisfaction.

Client Signature Date

Therapist Signature Date

Name of client if signing for minor or other party: _____

Relationship: _____