

Informed Consent, Policies, and Procedures

Our Philosophy and Approach

As therapists, we are specially trained to work with couples, families, and individuals. During an initial getting-to-know you period, your therapist will work with you to develop an initial understanding of your problem/situation. We will then begin work to define your goals. Depending on the nature of your goals in therapy and the amount of consistent effort that is applied, therapy may involve just a few sessions or several months or years.

Your goals may change as time goes on. Our therapists have various tools they use in therapy to customize to the uniqueness of the people we see. Some of these tools include cognitive-behavioral techniques, mindfulness, psychodynamic approaches, emotion-focused therapy, experiential exercises, homework assignments, and family-of-origin work.

We want to work cooperatively with you at all times, and we are always open to your questions and feedback. You and your therapist share responsibility for the outcome of therapy.

Risks and Benefits

The possible benefits of therapy are:

A better ability to handle or cope with marital, family, and other interpersonal issues, increased understanding of family and personal goals and values, a deepening of connections in your relationships, healing of wounds inflicted past or present. greater happiness as an individual and increased relational harmony, resolution of specific concerns brought to therapy.

The possible risks of treatment may include:

No guarantee as to therapy outcome, no improvement in your situation or the possibility that you will feel worse, the experiencing of intense and uncomfortable feelings as unpleasant events, individual decisions that can be disruptive for your self or family, and the cost of therapy.

Outside Consultation

At times it will be important for the progress of therapy to contact other professionals who are helping you or your child. Such professionals may be

school teachers, psychiatrists, or attorneys. Your therapist will not make such contact without written permission. As a means to help clients as effectively as possible, we regularly consult with other experienced therapists regarding client issues. We do not reveal any identifying information about our clients.

Fees

You agree to pay your therapist _____ the fee of \$ _____ per session. I understand this fee could change and my therapist will discuss this with me in advance. Payment in full is expected at the time of service. If longer sessions occur, the fee will be prorated. Fees for additional time or services, including travel time, will be billed at the regular session fee rate. Such additional services may include, but are not limited to, consultation with other professionals, preparation of reports or correspondence, any necessary court appearances, school meetings, phone calls lasting over 10 minutes. We accept cash, personal checks, and all major credit cards. We do not bill insurance companies directly, but can give you a statement of services for you to submit to your insurance company for possible reimbursement.

Cancellation Policy

The usual per session rate will be charged for missed appointments or cancellations made with less than 24 hours notice. Your time has been reserved for you and since this is the basis of our livelihood, only with sufficient notice can we make that time available to someone else. If you do need to cancel an appointment, please call or email.

Contact

The main number to call is 267-838-0066. Your therapist will return calls in a timely manner, between 9 a.m. and 5 p.m. Monday-Friday, and will return weekend calls on Monday, unless Monday is a holiday.

Legal Proceedings

To contain our costs and remain focused on our primary mission to help our clients improve their quality of life, it is our longstanding policy and practice not to complete character references or offer court testimony. To clarify, we will write a case summary of a client's attendance and progress in therapy for him or her to take to court. However, we will not appear voluntarily for a legal proceeding. Despite being informed of our practice's policy, if our staff is subpoenaed for a legal proceeding, the cost of such services is \$500/hour/person subpoenaed.

Emergencies

Our aim is to be available to you should an emotional emergency arise. Therapeutic calls are billed pro-rated at the regular fee. However, we cannot provide 24-hour availability. If you are in need of immediate attention, please call 911 or go to your nearest hospital emergency room.

Termination

When it is time to stop therapy, it is important that there be time given before terminating to bring closure to the therapeutic relationship by talking about what has and has not taken place during the time together and to say "good-bye." This is usually done with a minimum of one session devoted to reviewing our therapeutic work together, and your future goals. There may be times when the therapist decides he or she can no longer provide services to you and the therapist may initiate termination. If this occurs the therapist will make every reasonable attempt to plan this with you and will always provide you with referrals.

Signature

I understand that _____ will provide professional services to Client name(s): _____

My signature below affirms my informed and voluntary consent to enter therapy (and/or have my child/ren enter therapy). I affirm that prior to becoming a client of A Better Life Therapy, I was given sufficient information to understand the nature of therapy, including the possible risks and benefits, and also the nature of confidentiality. I understand the office policies and procedures and cancellation policy and agree to uphold these policies. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I understand that I can ask questions and raise concerns about the treatment at any time.

Client Name:
Client Name:
Minor Name:
Date:

Signature:
Signature:
Signature

Therapist Name and Signature: