

Tucson Counseling Associates, LLC

OUTPATIENT COUNSELING SERVICES CONTRACT

Welcome! This document contains important information about my professional services and business policies. Please read it carefully and we will discuss any questions you may have about it.

Psychotherapy is different from visiting a medical doctor in that it requires an active effort on your part. In order for it to be most successful, you will need to work both during our sessions and at home.

Psychotherapy has benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness, loneliness, and/or recalling parts of your personal history that you find unpleasant. Still, psychotherapy has been shown to have significant benefits for those who undertake it. Psychotherapy often promotes a significant reduction in feelings of distress while improving relationships and the quality of life by resolving specific problems. Because psychotherapy is a process of self discovery and personal growth, there is no absolute guarantee with regard to what will happen.

Therapy involves a commitment of time, money and energy so you should be very careful about the therapist you choose to work with. If you feel unsure about our work together at any time, please share these concerns with me. If doubt persists, I will be happy to recommend some other therapists to you.

Meeting Times

Sessions are scheduled for 60 or 90 minutes for individual therapy. Couples must schedule for a minimum of 90 minutes. We will discuss the length of session and frequency that will work best for you. At times we may both agree that an extended session would be useful in order to accomplish your treatment objectives. In these instances, the bill will be prorated.

Once your appointment time is scheduled, you will be expected to pay for it unless we both decide that you are unable to attend.

Fees

My professional fee is **\$70.00-100.00** per session for 50 minutes, and **& \$100.00-150.00** for 80 minutes. A negotiated fee may be available for those who need it in order to make treatment affordable.

Additional fees may occur in instances of: home visits, preparation of records, phone calls lasting longer than 7 minutes, attendance to meetings, consultations etc. A 24 hour notice is required in instances of cancellations or change in appointment. **Late cancellations and no shows will incur a full session fee of \$100.00** for 50 minutes, and **& \$150.00** for 80 minutes. Returned checks incur a \$35 fee.

Emergencies

To reach me by phone you may leave a message at my office (), which I check frequently. However, if you are having a clinical emergency and are unable to reach me you may call the Crisis Response Network at 622-6000. This crisis line is available 24 hours a day, 7 days a week. Remember you can always call 911 for emergency assistance.

Consent to Treat

Your signature below indicates that you have had an opportunity to read and review this information and that pertinent questions regarding your care have been satisfactorily answered. Further, it indicates your willingness to abide by its terms and that you authorize _____ to provide counseling treatment as deemed necessary.

Signature _____ Date

Signature: _____ Date