

Disclosure Statement & Agreement for Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to your therapist any questions you may have regarding its contents.

Information about Your Therapist

At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests and professional orientation. You are free to ask questions at any time about your therapists' background, education, experience and professional orientation.

Your Therapist is a: Licensed Marriage and Family Therapist (LMFT)

**The individual therapist who operates this practice is Denise B. Pont, LMFT.
License Type: MFT License Number: 50848**

Fees

Denise Pont, LMFT is not contracted with any insurance company.

The fee for service is \$100.00 per individual therapy session.

The fee for service is \$125 per conjoint (marital/family) therapy session.

The fee for service is \$45 per individual for group therapy sessions.

Individual sessions and conjoint (marital/family) sessions are approximately 50 minutes in length.

Fees are payable at the time that services are rendered, you may use any of the following methods of payment: Cash, Check, Visa, MasterCard, Discover Card or American Express. The therapist does not provide billing for services rendered. A receipt and/or Superbill will be provided so that you can be reimbursed should you have private health insurance.

You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage.

If, for some reason you find that you are unable to continue to pay for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. (In addition, your therapist will

not disclose information communicated privately to him or her by one family member, to any other family member without written permission.) If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her “no secrets” policy and how it may apply to you.

There are exceptions to confidentiality.

For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself.

Minors

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist

Appointment Scheduling and Cancellation Policy

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session.

Therapist Availability

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within

24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance

Therapist Communication

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

My therapist may contact me this way:

_____ By phone. My number is _____

_____ By mail. My address is _____

By e-mail. My e-mail address is _____

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Name of patient: _____

Date: _____