

Therapeutic Contract and Office Policies

Therapeutic Contract

Probable Length of Services: Although some clients elect to pursue long-term in depth treatment, many issues can be resolved within 12-24 sessions. Of course, the success of any treatment depends on the motivation, willingness and dedication of the person being treated. For this reason, I can make no guarantees about treatment length or success.

Risk of Services: As with any change in your life, you should be aware that outcomes of therapy can be unpredictable. However, it has been my experience that the overwhelming majority of willing clients improve their situations through therapy. Treatment is intended to induce change in your life, and when this change occurs it may disrupt your accustomed manner of living and your relationships with others. You should also know that positive change takes work and you may be asked to try things that are difficult for you. Some people reach their goals fairly quickly and without much discomfort, while others need more time and feel more stress through the process. The experience of each individual is impossible to predict as each person has their own unique strengths and problems.

My Therapeutic Approach: I believe the therapeutic process is both cooperative and collaborative. Because I see the client as the expert, I identify and develop the treatment goals together. I utilize the following therapeutic approaches:

1. Cognitive Behavioral Therapy and Dialectical Behavioral Therapy which focuses on thought patterns, perceptions of events/self/others, emotions linked up to those thoughts/perceptions and finally the behaviors that result.
2. Family Systems, which focuses on patterns and communication styles present in your current and past relationships, as well as the roles you play within those relationships. We will also review how one person's growth can effect change in the entire system, even when the others are not participating in the treatment. This is why, not all members of a system need to be present to address relationship issues.
3. Solution Focused, which focuses on identifying, utilizing and building on one's already present strengths to overcome problems.

Your Rights: Treatment is entirely voluntary, and you have the right to terminate treatment at any time. I have the right to terminate therapy with you under the following conditions:

1. If I believe that therapy is no longer beneficial to you.
2. If you fail to follow recommended treatment repeatedly.
3. If I believe that you will be better served by another professional.
4. If you have not paid for at least two sessions, unless special arrangements have been made.
5. When you have failed to show up for your last two therapy sessions without a 24-hour notice.
6. If you fail to comply with the 24 hour clean and sober policy for more than two sessions.
7. You are seeing another therapist, and participating in treatment with me would jeopardize our relationship and work with that therapist. (If you are seeing another therapist I will require that you sign a consent form to release information so I can communicate with the other therapist).

If for any reason our services terminate, I will provide you with the names of three other qualified professionals.

Limits of Confidentiality: All information that you disclose to me within our sessions is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18), except for the following reasons:

1. Where there is a reasonable suspicion of child abuse, dependent adult abuse or elder adult abuse.
2. If you reveal to me that an alleged perpetrator is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors.
3. Where there is a reasonable suspicion that you may present a danger of violence to others.

4. Where there is a reasonable suspicion that you are likely to harm yourself unless protective measures are taken.

In all of the above cases, the psychotherapist is either allowed or required by law to break confidentiality in order to protect you, or someone you might endanger from harm.

5. I can release all or portions of your records to any person or entity you specify. I will inform you whether or not I think releasing that information to that agency or person might be harmful to you.

6. If a court of law issues a subpoena or an order, I am required by law to comply with the subpoena or order.

Records: Your clinical file will consist of (a) legal forms such as this document, (b) a record of visits and payments, and (c) clinical progress notes (these progress notes will contain enough information about your treatment to justify it, should such justification ever become an issue).

*You have the right to view your records at any time. I have the right to provide you with the complete records or a summary of their content.

Therapist-Client Arbitration Agreement:

I agree to address any grievances I may have directly with my therapist immediately. If we cannot settle the matter between us, then a jointly agreed-upon outside consultation will be sought. If not, an arbitration process will be initiated, which will be considered as a complete resolution and legally binding decision under state law. NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL or psychological MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE ONE OF THIS CONTRACT.

Article 1: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by lawsuit or resort to court process except as [state] law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Any arbitration process will be considered as a complete resolution and legally binding decision. The client will be responsible for the costs of this process. In agreeing to treatment, you are consenting to the above identified grievance procedures. This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract.

Effective as of first date of services.

Client Signature _____ Date _____

Client name printed: _____

Legal Parent or Guardian Signature _____ Date _____

Therapist Signature _____ Date _____

Payment Authorization Form

I, _____, understand that payment is due at the time of service by cash, credit card or check.

Fees for psychotherapy: \$175.00 per 50 minute individual session/ \$200.00 for a 50 minute couples/family session

I understand that I must pay for my session at the time of service. My appointment is reserving the therapist's time and appointment slot. I understand that if I do not cancel my appointment within 24 hours or attend my scheduled appointment, then I will be charged on my credit card the \$175.00 or \$200.00 fee.

I also understand that my payment for the session includes brief communication with your outside treatment team. It includes a few check-ins through email. Extensive email or phone communication with my treatment team will be billed at extra charge for any time over 15 minutes. This charge will be billed in 15 minute increments.

Credit Card Number: _____ Exp Date: _____

CV2 code: _____

Address: _____ Zip code: _____

By signing below I am agreeing to the terms above. In addition, I am giving Lindsey Budd, MA, LMFT, permission to charge my card for the amount agreed above.

_____ Client Signature

_____ Date

_____ Lindsey Budd, LMFT

_____ Date