



Family Therapy Institute of Santa Barbara

CLIENT- THERAPIST AGREEMENT

Rather than taking time during your session, we have prepared this letter for you with some important information about our services. Please feel free to ask for more information if anything seems unclear.

FTI policies regarding appointments and payment: The Family Therapy Institute (FTI) is a non-profit agency and we depend on regular payment of fees to provide our services to you. The Institute charges a basic fee of \$200, however, we serve clients from all income levels and a sliding scale is available. Your fee will be determined at the first visit.

Payment is due at the beginning of each session by cash or check made payable to FTI. In the event of a returned check, you will be responsible for the bank charges. If there is any change in your ability to pay, please let your therapist know. If your account becomes more than 60 days in arrears and suitable arrangements for payment have not been pre-arranged, FTI has the option of using legal means to secure payment, such as collection agencies or small claims court.

If you have **insurance** to help cover the cost of therapy, we will make every effort to assist you, both in understanding your policy and in submitting your claim. Please work out the details with your therapist. However, ultimately you are responsible if the insurance does not pay. You should be aware that use of insurance requires disclosure of your diagnosis and treatment (see *Notice of Privacy Practices*).

When you schedule a session with your therapist, that time is reserved solely for you. For this reason, we require **24 hours notice of cancellation** or you will be charged for the session. Other than the initial evaluation, sessions are typically 50 minutes. FTI has a 24-hour, seven day a week voice mail system so messages can be left for your therapist or the office at any time.

If you need to speak with a therapist immediately, call the FTI office at (805) 569-2272, press 8 and leave your name and phone number. The on-call therapist will be paged and will respond as soon as possible. If you believe you have an **emergency**, dial 9-1-1.

Unless otherwise specified, our 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).

Consent for Treatment: By signing this form, I am voluntarily consenting to psychotherapy, counseling, education and all other services provided by FTI. 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 my therapist at the address above. _____ (initial)

Release of Personal Health Information: I understand that FTI 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*. Exceptions to privacy may occur:

- 1) if you are a risk to your own safety or to the safety of others;
- 2) if your therapist has reason to suspect that you have hurt a child or elder;
- 3) if the court has a legitimate subpoena to impound my records;
- 4) if you are in a lawsuit where emotional harm is being claimed;
- 5) if you elect to use insurance.

A copy of the *Notice of Privacy Practices* is posted in the waiting area and a paper copy is available from FTI upon request. I agree to these policies. Yes/No (circle & initial) _____

If you do not agree to the policies outlined in the Notice of Privacy Practices you have the right to request restrictions on certain uses & disclosures of protected health information. Please ask your therapist about making such a request.

Patient Rights and Responsibilities: I acknowledge that this is a partnership between my FTI therapist and me 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 posted in the waiting area. A copy of these rights and responsibilities is available upon request. _____ (initial)

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

Client Signature(s)

Date

Therapist Signature

Date

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

Your relationship to client: _____