

A CLOSER LOOK WITHIN
PATRICIA MURPHY RAE

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AGREEMENT FOR SERVICE / INFORMED CONSENT

This Agreement is intended to provide _____ (herein “Client”) with important information regarding the practices, policies and procedures of Patricia Murphy Rae, MA LMFT IMDHA (herein “Therapist) and to clarify the terms of the professional therapeutic relationship between Therapist and client prior to beginning therapy.

Therapist Background and Qualifications

Therapist holds a Bachelor’s of Science Degree from Kean University and an Masters Degree in Social Work from Rutgers University. Additionally, Therapist holds a Certificate: International Medical and Dental Hypnotherapy Association/Certified Hypnotherapist from the iHealth Center for Integrated Wellness. Therapist has been working with clients since 2006 and has worked with a variety of populations including adult, teen, and adolescent populations. Therapist has worked with individuals, couples, and families.

Therapist has experience working in several modalities including Attachment Therapy, Psychodynamic Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Narrative Therapy, and Hypnotherapy to name a few. Normally, a mixture of these modalities are used in the course of therapy based on the specific needs of the client. Therapist will in most cases work with the client to determine what modalities will fit best as any therapy will work best with the full participation of the client.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties client may be experiencing. Psychotherapy is a joint effort between client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to client including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and

increased self-confidence. Such benefits may also require substantial effort on the part of client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge client's perceptions and assumptions, and offer different perspectives. The issues presented by client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of client.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding client.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any client. Should client request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under law, to provide client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain client's records for ten years following termination of therapy. However, after ten years, client's records will be destroyed in a manner that preserves client's confidentiality.

Confidentiality

The information disclosed by client is generally confidential and will not be released to any third party without written authorization from client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which client and another individual, or entity, are parties. Therapist has a policy of not communicating with client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving client, client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary session rate of \$150 for a 50-minute session.

Psychotherapist-Client Privilege

The information disclosed by client, as well as any records created, is subject to the Psychotherapist-Client privilege. The Psychotherapist-Client privilege results from the special relationship between Therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the Doctor-Client privilege. Typically, the Client is the holder of the Psychotherapist-Client privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the Psychotherapist-client privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client should be aware that he/she might be waiving the Psychotherapist-Client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the Psychotherapist-Client privilege with his/her attorney.

Audio and/or Video Taping of Session

It is often useful to audio and/or videotape sessions both to ensure that Therapist is able to discover additional nuances of the session and for consultation purposes. Moreover, in some cases, such recordings might aid in the therapeutic process itself by allowing clients to audit behaviors, tones, and information that they otherwise would be unaware of. Client reserves the right at any time to refuse audio and/or video recording during any and all sessions. In such cases where client prefers not to be recorded, client should request this at the beginning of the session. Of course, should client decide after the session has begun, client still reserves the right to subsequently end the recording of the session. In any case, all recordings will be confidential as with any written records per the Confidentiality clause above. Recordings will be kept in password protected format and will be destroyed once the usefulness of the recording has expired (in general approximately 1 to 3 weeks).

Insurance

Therapist is not a contracted provider with any insurance company, managed care organization.

Should client choose to use his/her insurance, Therapist will provide client with a statement, which client can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which client failed to give Therapist at least 24 hours' notice of cancellation. Cancellation notice should be left on Therapist's voice mail at (817) 723-7100

Therapist Availability

Therapist's office is equipped with a confidential voice mail system that allows client to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Termination of Therapy

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of Therapist’s scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, Therapist will generally recommend that client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to client.

Communication

Please note that while I use every precaution on my end to safeguard your information and identity, currently texts and emails from **pmurphyraeclsw@yahoo.com** while made from password protected tools, are not currently considered HIIPA compliant. All scheduling texts and information through the client Portal are considered HIIPA compliant from my end, however, individuals having access to your email or phone may see these messages. If you have concerns with me communicating to you with any of the following methods, please let me know.

My therapist may call me at my home. My home phone number is: _____ Message Ok? Y N

My therapist may call me on my cell phone. My cell phone number is: _____ Message Ok? Y N

My therapist may call me at work. My work phone number is: _____ Message Ok? Y N

My therapist may send me text other than scheduling texts. ____ Yes ____ No

I understand that e-mail made outside of the scheduling and client portals is not a completely private form of communication). _____ initial

My therapist may communicate with me by email. My email address is: _____

(I understand that e-mail made outside of the scheduling and client portals is not a completely private form of communication). _____ initial

In case of emergency, I prefer my therapist contact _____ at _____
Name Phone

Acknowledgement

By signing below, client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I also understand that I am responsible to Therapist for all session charges and other charges as described above.

Client Name (please print)

Signature of client (or authorized representative)

Date

Patricia Murphy Rae, LCSW, IMDHA

Date