

### **CONTRACT FOR PROFESSIONAL SERVICES**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully. Note any questions you have so we can discuss them. When you sign this document, it will represent a binding agreement between us.

### **PSYCHOTHERAPY SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the client and the therapist and the particular issues you bring to our work. There are many different methods I may use to address the issues you bring to our sessions. Psychotherapy will require a very active effort on both our parts. You will have to work both during our sessions and at home to achieve the most successful outcome.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings and talking about parts of your history that are painful. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to the significant reduction of distress and the increase of satisfaction with yourself, your relationships and the resolution of specific problems. But there are no guarantees about what you will experience.

Our first few sessions will be an assessment time. I will be able to offer you some initial impressions of what our work may include and a treatment plan to follow. We will focus on some specific goals you wish to accomplish and together we will map out a plan. You too will be doing an assessment and determining. If the services I propose will fit your needs. As therapy involves a large commitment of time, money and energy, it is important that you feel comfortable continuing our work together. If you feel uncomfortable with pursuing our work together, I will be happy to assist you in finding another counselor. I welcome your discussion of how we are proceeding at any time.

### **CONTACTING ME**

My office phone is my cell phone. I turn it off while I am in session or otherwise unavailable. My phone is forwarded to a voice mailbox. I make every effort to return calls the same day with the exception of holidays and weekends. Please leave me your phone numbers **each time you call** as I may not be in the office when I return your call. If you wish to call me, please be aware of the time and day as I use this phone for personal use as well.

### **EMAIL, TEXT MESSAGING AND SOCIAL MEDIA**

So much of our work depends on clear, connected communication. I've found that phone and in-person communication works best.

Please do not email me content related to your therapy sessions as email is not completely secure or confidential. Please talk with me about this if you have questions or concerns.

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **EMERGENCIES**

In an emergency, please tell me what is happening and I will make every effort to return the call as quickly as possible. If I am not immediately available, please call your psychiatrist, if you have one, your family physician, local help-line, 911, or go to the nearest emergency room.

When I will be away from the office, I will provide you with the name and phone number of a trusted colleague whom you can contact in an emergency situation.

### **PROFESSIONAL RECORDS AND CONFIDENTIALITY**

Both Arizona law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You will be charged my hourly rate for any professional time spent in responding to information requests.

All information disclosed within sessions and the written records are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. There are some limitations to strict confidentiality that protect your welfare and that of the public. These limitations provide for a partial breach in confidentiality only under the MOST SERIOUS CIRCUMSTANCES. I am legally required to take action:

- If I receive a report of abuse or neglect of a child or vulnerable adult, I may be required to advise the appropriate authorities. If, in my opinion, you present a danger to yourself or others, I may also be required to make a report to the appropriate authorities.

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- If you threaten serious bodily harm to another person or yourself, I am required to notify the intended victim and appropriate law enforcement agency. Under some circumstances, I may be required to seek hospitalization for you or contact family members or others who can help provide protection.
- If a court of law requires me to release your records, I must do so. Other exceptions exist if you make your mental status a court issue. These will be discussed on a case-by-case basis.

### **RECORDS AND YOUR RIGHT TO REVIEW THEM**

Both the law and the standards of my profession require I keep clinical records for seven years. You have the right to review your records at any time except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful to you. In the case of couple's therapy, I will release records only with the signed authorizations from BOTH people involved in treatment.

### **LITIGATION LIMITATION**

The nature of our work together involves confidential and sensitive matters. You agree that should there be legal proceedings such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc, neither you nor your attorneys nor anyone else acting on your behalf will call me to testify in court or at any other proceeding or request your records.

### **FEES, PAYMENTS AND INSURANCE REIMBURSEMENT**

I charge this amount for other professional services you may need though I will break down the hourly cost into 15 minute segments if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, preparation of records or treatment summaries and time spent performing any other service you may request of me. If you are experiencing financial difficulties, please discuss this with me. I will provide you with a statement of all charges and payments on a monthly basis.

### **CANCELLATIONS**

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is required for re-scheduling or canceling an appointment. You agree to pay the full fee for sessions missed without such notification.

I am always happy to discuss any questions or concerns you have about any clinical issue or

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business policy. Please feel free to talk with me about these matters. I truly appreciate the opportunity to be of professional service to you and I look forward to our work together.

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms.

Client Name

Signature

Date

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Counselor Signature

Date

**Please initial. Thank you.**

I agree to receive counseling services from Patti Okun\_\_\_\_\_

I give\_\_\_\_\_ or do not give\_\_\_\_\_ Patti Okun permission to contact the referral source to acknowledge and express appreciation for this referral.

I have received a copy of the Fee Agreement, Contract for Professional Services and HIPAA Privacy Policies and agree to their terms.\_\_\_\_\_

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