

Name of client(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

## **PURPOSE OF TREATMENT**

The purpose of therapy involves change so that you and/or your family members can be supported in dealing with stresses, life concerns, achieving goals, and/or addressing issues regarding relationships with significant others. By signing this contract you indicate that you are seeking and consenting to take part in the treatment by clinical associates of Blue Door Psychotherapy.

## **GENERAL PROCEDURES TO BE USED IN TREATMENT**

Individual, Marriage, and Family Therapy varies depending on the training and personalities of the therapist and the client, and the particular problems the client is presenting. There are many different methods that Blue Door Psychotherapy clinicians may use to deal with problems needing to be addressed. For therapy to be the most successful it is recommended that the clients develop their treatment plan with their clinician and work on things that are discussed during sessions in all relevant contexts, both in and out of session. Your treatment plan will be regularly reviewed to assist you in working to achieve your treatment goals. You are an active participant in treatment decisions and you can stop treatment at any time.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, a client may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions, to specific problems, and significant reduction in feelings of distress. There are no guarantees of what you will experience in therapy.

Your initial sessions with your therapist will involve an assessment of your needs. This will allow your therapist to offer some impressions of what the therapy work will include and a treatment plan to follow. The client should evaluate this information along with his/her opinions of whether he/she feel comfortable working with Blue Door Psychotherapy clinicians. At any time you may refuse any recommended treatment, withdrawal your consent for treatment, and/or withdrawal your consent for any release of records you have requested.

**I have read, understood, and agreed to the sections entitled Purpose of Treatment and General Procedures to be used in Treatment.** \_\_\_\_\_

**(initials)**

## CLIENT RECORDS AND CONFIDENTIALITY

The issues discussed during the course of treatment for you or your minor children are confidential, which means that the information that is revealed will not be discussed or shared in any format with others without your knowledge and written consent. Marriage and family therapy is more complex than individual therapy in that when providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. Any consent you have given for any release of information can be withdrawn at any time for any reason. There are exceptions to this confidentiality which include:

- Situations of potential harm to self and other
- Abuse or neglect of a vulnerable adult or child
- Court orders for records
- Insurance companies seeking information for payment purposes.
- Legal requests such as may result from investigations (e.g., by the Arizona Board of Behavioral Health Examiners) or as required by court orders.

If you decide to submit your sessions to your mental health insurance to pay for services your insurance company or third-party payer may request information about the type(s), cost(s), date(s), and provider(s) of any services or treatment you receive. You are responsible for all charges whether or not your insurance company agrees to pay for the services.

**Consultations.** Blue Door Psychotherapy clinicians actively participate in supervision and consultation groups. Every effort is made to protect your confidentiality if aspects of your case are brought to the group. Case consultation is sought to assure the highest quality therapeutic environment and process.

**Client Records.** By law, a complete set of clinical records are maintained on each client and are protected at all times from loss, damage, or alteration. They are kept in a secure location, recorded in black ink, are current, and entries are dated and signed. All records are disposed of in a manner that protects your confidentiality after 6 years from the last session if the client is an adult. If the client is a child the records are kept for 3 years after the child's 18<sup>th</sup> birthday, or 6 years after the last date the child received care, whichever date occurs later. If this practice closes you will be notified as to where the records will be stored and how they may be accessed. If you have a change of address/phone/email, please submit an update to your file using the Protocol for the Safe Storage, Transfer, and Access of the Medical Records

**Obtaining Records.** By Arizona Law, your written request for client copies of or access to your therapy will be honored in a timely manner. Records of a client group such as a couple or family requires the written request from each member of that client group who were competent to execute the request.

**I have read, understood, and agreed to the sections entitled Client Records and Confidentiality.** \_\_\_\_\_

**(initials)**

5929 E Pima Street, Tucson, AZ 85712  
520-388-9180 [www.bluedoorpsychotherapy.com](http://www.bluedoorpsychotherapy.com)

## FINANCIAL POLICIES

The fee for each clinical hour (50-minutes) is negotiated at the time of the appointment. Your fee is \_\_\_\_\_. All phone contact, time spent coordinating care, and time spent reviewing written materials and writing reports or other correspondence will be charged at the hourly rate. **Payment is due at the time of service.** Cash, debit cards, and credit cards are all accepted in this office.

Missed Appointments. Except in the case of illness or emergency, there will be a full session charge for missed appointments that are cancelled with less than 24 hours-notice.

Travel. If travel away from the office is required (such as school, home, etc), travel time will be billed at the regular office visit rate.

Legal Involvement. Billing for legal involvement, when required, is charged at a different fee than clinical therapy. Check with your clinician to discuss the per hour rate for preparation, transportation, and involvement in any legal proceeding.

Fees are due at the time of service. If your payments are not up to date, you will be notified to arrange a payment plan. While there is an unpaid balance, Blue Door Psychotherapy and associates must stop therapy with you. Fees that continue to be unpaid after this will be turned over to small-claims court or a collection service. If it is necessary to turn your account over for collections you will be responsible for all collection-related costs.

**I have read, understood, and agreed to the sections entitled FINANCIAL POLICIES.**

\_\_\_\_\_  
**(initials)**

**Electronic Media (R4-6-1101 4).** Telemental health practices using a secure internet platform have become standard practice at Blue Door Psychotherapy since the onset of the SARS-CoV-2 pandemic. Blue Door Psychotherapy associates have all participated in continuing education needed to effectively and confidentially conduct therapy via telemental health. To comply with the telemental health licensing restrictions you are asked to assure that you are in a confidential location, free from distractions, and located in the State of Arizona at the time of your therapy. You will be asked to confirm your current location and may be asked to scan the area with your camera prior to the start of your session.

Email and text messaging will only be used to set up or cancel appointments. Discussion of any client situation will only occur in a formal setting where confidentiality can be assured and only with persons who are either the patient or the patient's designee as a result of a signed release of information or position of parent or legal guardian.

**I have read, understood, and agreed to the section entitled Electronic Media:**

\_\_\_\_\_  
**(initials)**

**Supervision.** Your therapist \_\_\_\_\_ (name/credentials) **is/is** not currently in active supervision at Blue Door Psychotherapy with \_\_\_\_\_ (clinician/credentials). If you have any problems or need to speak with the supervisor for any reason, please call 520-388-9180.

**I (we) have read and understood the information presented in this Informed Consent document:**

Client (s): \_\_\_\_\_ Date: \_\_\_\_\_  
Client (s): \_\_\_\_\_ Date: \_\_\_\_\_  
Client (s): \_\_\_\_\_ Date: \_\_\_\_\_  
Client (s): \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Verification that client has read and understands the Informed Consent Document.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_