

## **CONSENT FOR SERVICES FOR COUPLES THERAPY**

This document contains important information about my professional services and business policies. Please read this thoroughly and write down any questions you have so we can discuss them at our next appointment. By signing this document, it will represent an agreement between you and me.

## **MARITAL THERAPY**

The general purpose of psychological services for marital therapy is to identify and work together as a couple to problem solve, improve communication, intimacy, and general marital friendship. It is to work to find solutions, express emotions, and process past hurts and pains to work toward a more fulfilling and connected relationship. Marital therapy involves examining and changing unhelpful thoughts, feelings, and behaviors that are contributing to dissatisfaction. The manner in which treatment is conducted varies based on the personalities of the therapist and client, the particular problems being addressed, and the treatment modalities used. My main modalities are Cognitive Behavioral Therapy and using the Gottman Method. If Christianity, or other aspect of spirituality, is a part of your perspective on life, I will also incorporate aspects of spirituality if desired. Marital therapy calls for a very active effort on your part. In order for the therapy to be most successful I will give you homework to do in between our appointments so that you will be able to integrate our discussions and insights into your daily life and begin to make changes.

Marital therapy can have risks and benefit, and often involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and worry. Psychotherapy can also lead to changes in the way you think or behave; these changes may be difficult for people in your life to grow accustomed to and thus some relationships may experience temporary strain. On the other hand, psychotherapy has been shown to have powerful benefits. Marital therapy often leads to better relationships, solutions to specific problems of daily living or health, significant reductions in feelings of distress, and an improved sense of well-being. There are no guarantees of what risks and benefits you may experience, although again, there is considerable evidence that most people benefit from marital therapy when they are actively involved in the sessions.

## **EVALUATION & PSYCHOTHERAPY SESSIONS**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation phase (typically 1-3 sessions) I will offer you some impressions of what our work will include. We will decide on a schedule and goals, both personally and as a couple to improve marital relationship. I will ask for your feedback so that you and I can draft a treatment plan together that will address all the needs for which you are seeking marital therapy. Therapy involves a significant commitment of time, money, and energy, so your input and comfort level with the process is of utmost importance.

I strongly encourage you to make several appointments in advance so you can keep your ideal day/time slot. You are responsible for arriving for your appointments on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next client's appointment time.

### **PROFESSIONAL FEES**

My hourly (45-50 minutes) fee for couples psychotherapy face-to-face service is \$150. Phone consultation, emailing or writing letters, preparing reports or treatment summaries, communication with family, friends, other health care providers, legal representatives, and attendance at meetings with other persons you have authorized will be billed to you incrementally at the same hourly rate of \$150. A credit card is required to book your first appointment. If you cancel your first appointment with less than 24 hour notice and do not reschedule within the week, or if you do not show for your first appointment, your credit card will be charged the \$150.

### **CANCELLATIONS AND MISSED APPOINTMENTS**

Once an appointment is scheduled, you will be expected to pay for that appointment unless you provide 24 hours advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control. To cancel an appointment you may leave a voicemail at 539-777-1129 which has a time and date stamp for the message. I will charge the credit, debit, or health savings account card on file for the full fee of \$150.00, or if you pay by cash or check you must pay \$150.00 for the missed appointment at your next visit before additional appointments will be scheduled. My cancellation policy is to help all clientele access the care they need. Each morning I receive calls from clients who wish to access open slots for emergencies and immediate treatment needs, when clients call in advance I can ensure that all clients can get in when they need it most...and one day you may be the client who calls for that extra appointment.

If I am unable to attend a scheduled appointment and fail to provide you with 24 hour notice, then you will not be charged for your next session. The same emergency exception applies for me for circumstances out of my control.

### **BILLING AND PAYMENTS**

I accept cash, check, debit, and health savings cards from Visa, Master Card, and Discover for payment. I use a state of the art practice management software system that securely stores your billing information for all sessions and you will be billed at the end of your appointment day. If you opt to pay for services with cash or check, payment will be taken at the beginning of each appointment. If a check bounces the associated bank charges paid by me, as well as the time associated with managing the bounced check, will be added to your balance. If you have two bounced checks or two appointments for which you have not paid for services rendered, services will be discontinued until your account is up to date. If your account remains outstanding I have the option of using legal means to secure the payment. This may involve hiring a

collection agency or going through small claims court. If such legal action is necessary the associated costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided (e.g. psychotherapy), and the amount due. No private information regarding the specifics of any treatment will be disclosed.

### **INSURANCE REIMBURSEMENT**

I am not contracted to take insurance and I will be considered an Out of Network Provider. I provide a billing invoice and/or electronically submit invoice for your convenience, however, I cannot guarantee if Out of Network claims will be reimbursed by your insurance company. Also, please note, many insurance policies do not reimburse for marital therapy. Please call your insurance company to determine your out-of-network benefits.

### **CONTACTING ME**

My administrative staff is available Monday-Thursday between 9am – 5pm and can be reached on the main office line (539-777-1129) or through email ([intake@legacycounselingservice.com](mailto:intake@legacycounselingservice.com)). I will be alerted to messages that need my personal attention. Do not leave messages related to your treatment or mental health concerns on voicemail or email as non-clinical staff will have access to these messages. Please keep messages focused on scheduling or billing issues only. Also, be aware that communication through email becomes a part of your clinical/legal documentation. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, crisis center (918-744-4800, 1-800-273-TALK (8255), call 911, or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Please note that I am not available via text messaging.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging. Due to the professional nature of these records, they can be misinterpreted and/or upsetting to untrained readers. In the event I do not release records to you, I will be happy to provide you with a treatment summary or will send them to another mental health professional of your choosing. If I provide you with your full records I recommend that we review them together so that we can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information requests.

### **CONFIDENTIALITY**

In couples counseling, I will keep confidential our sessions, however, between the couple, I would like that there are no secrets kept. I will encourage you to talk and process with your spouse. In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information to an

outside party about our work together with your written permission. However, there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony through a court order or subpoena if he/she determines that the situation demands such testimony. In this case I may have to release records to the court.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child/minor, elderly person, or disabled person is being abused or neglected, I am required to file a report with the appropriate state agency. If I believe that you, the client, is threatening serious bodily harm to self or another person, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If you, the client, threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations occur infrequently. If a situation like this occurs, I will make every effort to fully discuss it with you before taking any action.

In order to provide optimal care, I may consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you, but if you require formal legal advice I recommend speaking with an attorney because the laws governing confidentiality are quite complex.

### **PUBLIC ENCOUNTERS**

There may be instances during which a clinician and a client encounter each other outside of the therapy setting (grocery store, bank, gym, movies, etc). Please note that in the event that we encounter each other in public I will not initiate acknowledgement of any kind (e.g., smile, wave, say "hello", etc.). This is an effort to protect your privacy and confidentiality so that you are not put in a position where you may feel pressure to explain to a person you are with how you know me or the nature of our relationship. If YOU decide to acknowledge me then I will acknowledge you in return in a simple manner but will not initiate or encourage conversation. Please keep in mind that it is not appropriate to discuss, with me, treatment, homework, or new struggles, if we do encounter each other in public.

**Summary Statements from this Informed Consent:**

- Psychotherapy services for Couples Therapy are \$150 per 50-minute therapy hour.
- Fees for services rendered will be automatically charged to the card you have on file; Payment is taken at the beginning of each session.
- I bill, incrementally, at the hourly rate of \$150.00 for any additional professional services I provide beyond the office visit and will be charged to the credit card on file.
- Please notify me of cancellations at least 24 hours in advance by leaving a voicemail (539-777-1129, x702) or sending an email to [intake@legacycounselingservice.com](mailto:intake@legacycounselingservice.com). If you cancel less than 24 hours before your appointment, I will bill you the full fee for the appointment unless you have had a true emergency. Please note that text messaging is NOT available as an option for contacting me.
- If you cancel twice in a row with less than 24-hour notice, or if you miss a total of two scheduled appointments without notifying me, I reserve the right to suspend services.
- Digital communication with me via email or cell phone may not be secure and is monitored by my administrative staff. I am legally and ethically obligated to protect the confidentiality of all communication with you in the actual office and through record keeping, but I cannot protect all digital communication that occurs outside my office (via phone or email).
- I cannot guarantee around-the-clock availability; If you should experience a behavioral or emotional crisis and you cannot reach me by phone, you should contact 911 or go to the nearest emergency room. You can also call the Crisis Hotline at 1-800-273-8255.

**CLIENT CONSENT TO PSYCHOTHERAPY**

I have read this statement carefully and have been afforded the opportunity to ask questions so that I understand the contents. I understand that I can return to this document at any time to discuss these policies with Cindy Fugatt, LMFT and are encouraged to do so during the initial appointment. I agree to pay the fee of \$150.00 per 45 - 50-minute session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me.

I agree to undertake psychotherapy with Cindy Fugatt, LMFT of Fugatt Family Therapy, LLC. I understand that I can terminate therapy services at any time and that I can refuse any requests or suggestions made by Cindy Fugatt, LMFT. I am over the age of eighteen and have legal authority to sign this agreement.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_