

James Curry, LPCC
Psychotherapy Information & Consent Form

Folsom Therapy provides high quality psychotherapy services to individuals, couples, families, and groups. While no therapist can guarantee results, I strive for excellence in the field and am committed to helping you achieve your therapeutic goals.

By signing this contract you are agreeing to enter into a treatment relationship with James Curry, a Licensed Professional Clinical Counselor.

FEES:

- Sessions will be billed to your insurance. Depending on your benefits, you may be responsible for a copay, which will be collected at the start of our session.
- In case of late cancellations or missed appointments, you will be responsible for paying for the full reimbursable cost of the session out of pocket. Payment for missed sessions or late cancellations may be made by check or cash at the beginning of the following session.
- If your check is returned due to insufficient funds you will be responsible for paying a \$15.00 bank fee.

MISSED/ CANCELLED APPOINTMENTS:

Continuity is important in the therapeutic process, but if you need to cancel an appointment, please contact me at least 24 hours prior to the session or you will be responsible for paying for the missed session as noted above

TELEPHONE CALLS:

You may leave a message for me at any time on my confidential voicemail. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Phone calls are returned during normal workdays (Monday through Friday) within 24 hours.

CONFIDENTIALITY:

One of the important rights you have as a client involves confidentiality. With certain exceptions, information revealed by you during therapy will be kept confidential (including the fact that you are a client). This information will not be revealed to others outside this office without your written permission. However, there are certain situations where I am required by law, or permitted by law, to reveal information obtained during therapy to another person or agency without your authorization.

- Information may be disclosed if you present an imminent physical danger to yourself or others. In the case of danger to others or suspicion of child abuse, elder abuse, or dependent adult abuse, I am required by law to inform legal authorities so that protective measures can be taken.
- Information may be disclosed if I am court-ordered to release information.
- Specified information may be disclosed if you sign a written request/authorization for me to do so.

TERMINATION and CLOSURE:

You or your representative have the right to terminate therapy at your discretion. When you do decide to end therapy, I request that you let me know in advance and ensure that all fees are paid.

I also have the right to terminate therapy at my discretion. Reasons for therapist-led 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 outside my scope of competency or practice, or if therapy does not seem to be benefiting the client.

Upon a decision to terminate therapy, by either party, I recommend that you participate in at least one terminating session, which is intended to facilitate a positive termination experience and give both of us an opportunity to reflect on the work that has been done.

RISKS AND BENEFITS OF THERAPY:

Psychotherapy involves change, which may feel threatening not only to you but also to those people close to you. At times you may feel more vulnerable, or your sense of equilibrium/balance may feel temporarily disrupted as you face destructive or painful information and behaviors. At the same time, psychotherapy can aid you in discovering tools and techniques that you can use to improve the quality of your life and your relationships, and can help you recreate equilibrium as you integrate change.

As the client you have the right to ask questions of me about professional qualifications, treatment objectives, and the plan of your therapy at any time in the therapeutic process.

I HAVE READ AND UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ON THIS AND THE PREVIOUS PAGE OF THIS CONTRACT.

Client name (Print)	Signature	Date
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This contract was reviewed with the client named above during their appointment on ___/___/___, and a copy of the document was provided to the client