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Treatment Agreement

Dear Client:

The following information is meant to clearly communicate my policies and procedures. If you have any questions after reading the agreement, please feel free to discuss them with me. Participation in psychotherapy can result in many benefits to you. These may include a better understanding of your personal goals, values, thoughts, and feelings, as well as improve relationships, change behavior, and resolution of the specific concerns that bring you here. This all requires effort on your part, which may involve emotional discomfort. Change occurs differently for each person, and is often slow and sometimes frustrating. There is, however, no guarantee that treatment will remove all emotional pain. I use many techniques as part of my practice, including: talk therapy, meditation, visualization exercises, (EMDR) Eye Movement Desensitization & Reprocessing and other psychotherapeutic methods. I welcome any questions you may have about the therapy process and practices, so please feel free to discuss these with me.

I am a Marriage and Family Therapist, licensed with the California Board of Behavioral Sciences. This means that I have earned a Master's degree in Counseling with an Emphasis in Marriage and Family Therapy. I have completed the required hours necessary for licensure in the State of California.

Privacy Policy

Your client record or PHI (Personal Health Information) is confidential. Client information can only be released by the person legally in charge. Unless I have specific written permission, signed by you, myself and my supervisors will tell no one what you say or that you are a client. I will presume I have your permission to call/contact you (at the telephone numbers you provided on the intake sheet) in those circumstances which may require this, unless you specifically request on your intake form that this is not acceptable.

Client Initials _____ Date: _____

Privacy Policy

However, there are several legal exceptions to confidentiality that you will want to understand:

1. *I am required to report any suspected child abuse or elder abuse, either current or past, to the local protective services or law enforcement officials. Child (any person under the age of 18) / elder (any person over the age of 65) abuse is defined as willful cruelty or unjustifiable punishment, or endangering the life or health of the individual. This includes sexual molestation, the willful infliction of physical pain or injury, willfully causing or permitting unjustifiable mental suffering, and the willful failure to provide necessary food, clothing, shelter, and medical attention. If any therapist fails to report, they may be both civilly and criminally liable.*

2. *If I believe that you actually intend to do physical harm to someone else, I must by law notify the police and the intended victim.*

3. *If I believe that you truly intend to harm yourself, I will make every effort to ensure your safety, including notifying a relative or other person close to you. If I am unable to notify anyone, I will contact 911 for emergency assistance.*

4. *If I receive a legal subpoena for information about you I need your written authorization to release information and/or an order from a judge. I will make reasonable efforts to notify you, in advance, to discuss this. Without an order from a judge your records will remain confidential unless you provide written authorization to release them. Any subpoena to appear in court and/or subpoena for records when a child is my client must be accompanied by written permission of BOTH LEGAL PARENTS before I can testify in a court of law.*

***Note: If a minor child is my client, I require the signature of all parents/guardians who have legal custody and the child's signature** before I will release any information and in some cases may not be able to release information at all. If your child is my client, it is my job to protect your child's therapeutic interests.

Appointments and Fees

1. Sessions are generally 50 minutes in length.

Client Initials _____ Date: _____

2. If you need to cancel an appointment, **I require 24 hours notice**. You can leave a message on my voice mail 24 hours a day, 7 days a week. If you miss a session without at least 24 hours notice, **you will be charged the standard fee**.

3. If you are late, we will meet for the remainder of your scheduled session. If you are more than 15 minutes late and I have not heard from you, I will assume you aren't coming and may leave the office.

4. Telephone time is limited to 10 minutes, beyond which I will bill you at my standard rate at 15-minute intervals.

5. My standard fee is \$125 per individual session; \$150.00 per couple or family session. Payment is expected at the time of service unless other arrangements are made.

Emergencies and Contacting Me

I have a voice mail system that can be accessed 24 hours a day, 7 days a week. I check my messages frequently during normal business hours. On weekends and holidays, I will check messages once each day. I will return your call as soon as possible. If I cannot be reached, or do not respond, you may contact agencies/authorities equipped to deal with serious emergencies. A crisis is a situation in which you feel you are in danger of being emotionally overwhelmed. If you have tried all your coping skills and they are not enough, and the situation cannot wait until your next appointment, please call.

Vacations etc.

When I will be unavailable, I will try to let you know in advance. If you have an emergency when I am gone please contact your primary physician or psychiatrist, or call 911.

Terminations

Termination from therapy is an important process which can be of benefit to clients and therapists. This is an important opportunity to reflect on progress, or lack of, and the process of where you are now and where you hope to be going. I encourage my clients to partake with me in this process of finding out what was helpful and what could have been more helpful. It is your right to terminate therapy at any time. If you choose to terminate, I will be glad to provide referrals to qualified professionals. As your therapist, I may terminate therapy under the following circumstances: when I assess that treatment is no longer helpful or beneficial to you, if I determine that another professional would better serve your

Client Initials _____ Date: _____

needs, if you have not paid for the last two sessions (unless a special arrangement has been made), or if you have failed to show up for you last two sessions without the required 24 hour notice of cancellation. In all cases I will be happy to provide you with the resources and referrals as necessary.

I agree to be responsible for paying the following fee per session:

\$_____per session. (initial here)_____

If you would like a copy of this agreement, please ask.

I have read, understand, and agree to the above:

Client(s) Signature _____ **Date** _____

_____ **Date** _____

Parent/Guardian Signature (If client is under 18 years of age)

_____ **Date** _____

Therapist Signature _____ **Date** _____

Client Initials _____ Date: _____