

18340 Sonoma Highway Sonoma, California, 95476

Tel: (707) 996-4416 | Fax: (707) 938-3515

E-mail: kws@vom.com | Website: www.katews.com

## **Treatment Agreement for Individual Psychotherapy**

This document is intended to provide important information regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

### Appointments

Appointments are 50 minutes long and occur weekly unless otherwise agreed. It is strongly recommended that appointments occur on a weekly basis for the greatest benefit. The first two or three appointments are for assessment. Their purpose is to gather information and to evaluate if and how I can be of assistance. This is also a time for you to assess whether this is a good therapeutic match for you. I encourage you to discuss with me any concerns that you might have. Appropriate referrals will be given to you if either you or I determine that your therapeutic needs would be better met elsewhere.

### Fees

The fee for each 50 minute session is \$\_\_\_\_. If EMDR (Eye Movement and Desensitization and Reprocessing) is included as part of your treatment, EMDR sessions may be scheduled for a session and a half (75 minutes); the fee for an extended EMDR session is \$\_\_\_\_. Payment is due at the time of the appointment. Cash or personal checks are accepted.

### Insurance

If you are utilizing health insurance benefits to pay for my services, please be advised that the amount of reimbursement, co-payments or deductible will be specific to your insurance plan. Insurance plans generally limit coverage to certain diagnosable mental conditions. So, you should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. While I may submit insurance claims for you, you are still responsible for any portion of the fee not paid by your insurance plan. Co-payments are due at the time of the session.

### Canceling Appointments

If you wish to cancel an appointment please give 24 hours notice or you will be charged for the missed appointment. Insurance companies will not pay for missed or cancelled sessions;

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understand that payment for those session will be your responsibility. You will be charged \$\_\_\_\_\_ for missed sessions (no shows) or those cancelled without 24-hour notice.

Confidentiality

What takes place between a therapist and client is confidential and shall not be disclosed to others except when required by law or with your express written consent. Breaking therapeutic confidentiality is mandated by law when a therapist has reason to believe that an incidence of child or elder abuse/neglect has occurred, if there is a threat of serious harm to one’s self or others, or if a court order has been issued. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act. Other exceptions may be outlined in my *Notice of Privacy Practices*.

**Please sign the following, if using insurance or employee assistance program benefits:**

I, \_\_\_\_\_(Name), authorize the release of any information (including treatment summaries and diagnosis) necessary to process insurance or Employee Assistance claims, or to request additional sessions. I authorize payment of benefits to be made to Kate Warwick-Smith, MFT for services provided.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief as important issues are better addressed within regularly scheduled sessions. If a conversation looks like it will extend longer than 15 minutes, I will ask if you would like to schedule an appointment to continue the discussion.

You may leave a message for me at any time on my confidential voicemail. If you would like for 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. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need, please indicate that fact in your message and follow any instructions that are provided on my voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

About the Therapy Process

Therapists and patients are partners in the therapeutic process. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will periodically provide recommendations to you regarding your treatment and will invite your participation in the discussion. Due to the

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varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Ending Therapy

You have the right to end therapy at any time. However, I ask that you agree to attend one final session before terminating. At times therapy can be uncomfortable stirring up feelings that may be difficult to hold or express and cause you to think about ending therapy. I encourage you to discuss these feelings in order to fully explore the issues involved and take advantage of what might be an important healing juncture.

Privacy Policy

By signing this form, you acknowledge receipt of my *Notice of Privacy Practices*. This *Notice* provides information about how I may use and disclose your protected health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change; if changed, I will give you a revised *Notice*. If you have left treatment, you may obtain the revised notice from me at the above address or from my website at:  
<http://www.katews.com>.

If you have any questions about my *Notice of Privacy Practices* or any of the above, please feel free to ask.

Client Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_