

KATE WARWICK-SMITH, MA, MFT
MARRIAGE AND FAMILY THERAPIST, LIC. NO. MFC 40025

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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.s

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; 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.

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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: _____