

ALLEN LAMBERT, LCSW-S, CGP
THERAPIST – CLIENT AGREEMENT

Nature of Psychotherapy and the Therapeutic Relationship

I am only able to accept those clients who I believe have the capacity to resolve their problems with the assistance of psychotherapy. Some clients may only need a few sessions to achieve their goals, while others may desire long-term therapy.

Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help you better manage the challenges of daily life. Discussion of your more specific goals and progress will be constant and a central part of the therapy process. Be aware that counseling often requires the sharing of difficult thoughts and feelings and that you may feel uncomfortable at times. At other times, you may feel that you are not making enough progress. It is especially important that during these difficult times you continue to communicate with me. I will want to work with you to consider all options available to help you meet your therapy goals.

Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with me. Your contact will be limited to the paid sessions you have with me. I will be unable to attend social gatherings, accept gifts, or relate to you in any other way other than in the professional context of your therapy sessions. My experience demonstrates that clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

I do not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- Hotline to Help: 472-HELP (472-4357)
- MHMR Psychiatric Emergency Service: 472-8996
- Nearest Hospital Emergency Room
- 9-1-1 for emergency assistance

Records and Confidentiality

All interactions with me including scheduling of appointments, your records, content of your sessions, and progress in counseling, are kept confidential within my office. On occasion, I may consult with another therapist in order to provide you with the best possible service. If I do so, such consulting clinicians will be bound by the same confidentiality agreement.

Under certain circumstances, I may be required to share confidential information under legal mandate. These circumstances are outlined below.

Client authorization: Clients can give written consent for me to provide information to others (e.g. psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment.

Imminent risk of harm: When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, I have the legal and ethical option to warn appropriate authorities.

Cases of abuse and neglect: When there is reason to believe that a minor, or elderly person, or a person with a disability is in danger of being, or *has been* physically, emotionally, or sexually abused or neglected, I am obliged by law to report the information to the appropriate authorities.

Orders from Courts of Law & Criminal Proceedings: When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.

Inappropriate behavior by previous therapist: If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then I am legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he/she does not wish it.

Client Rights

If at any time for any reason you are dissatisfied with my services, please speak with me directly about your concerns. I am committed to trying to resolve your concerns.

I practice according to national and state guidelines for professional and ethical standards of care. If you have reason to believe that I am practicing outside these guidelines, you may report your concerns directly to the Texas State Board of Social Worker Examiners at 512 719-3521.

Client Responsibilities

Fees & Payment Expectations

You are responsible for paying your fee at the time of each session. Cash and personal checks are accepted for payments. Carrying a balance is not permitted.

You agree to pay a \$25 service charge for each check returned to me for insufficient funds. After your first returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as my client.

You will be charged my regular hourly fee of \$185 for all research, copying and administrative work on your behalf, including any insurance company requests for paperwork and/or clinical evaluations.

You will be charged \$400 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances.

Cancellations & Missed Appointments

Once this Therapist-Client Agreement for therapy is signed, clients are expected to attend counseling meetings held on the same day and time every week, *unless you contract otherwise with me*. All individual and couple sessions last 50 minutes.

If you are unable to attend a session due to illness or an emergency, please notify me as far in advance as possible so that others who might wish to take advantage of that therapy session may do so. **If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will still be charged your assessed fee.** Fees for “no-shows” and cancellations without 24-hours’ notice must be paid before your next therapy session.

I reserve the right to not begin or to terminate a session with clients I believe to be under the influence of drugs and/or alcohol. If I believe that you are under the influence, I may require you to find a safe method of transportation to leave my office.

Termination of the Therapeutic Relationship

The majority of therapy relationships end because the client achieves his/her goals and agrees with the me to terminate. However, there could be circumstances in which you or I will end the relationship regardless of the other’s preferences.

You are free to end service at any time for any reason, whether or not I feel it is advisable. I ask that you tell me that you plan to stop rather than just not returning. I ask that you schedule one final appointment so you and I can review your progress and discuss any referrals that might be beneficial to you. You will also be obliged to honor any unsettled financial obligations to me. There are a few situations in which I may determine the need to end the therapeutic relationship:

- If you no longer need therapy and cannot benefit from continuing, the therapy relationship must end.
- If it is determined that your needs surpass my ability to help you, I must refer you to a source of suitable help.
- If you do not comply with your mutually developed service plan, there is no benefit in continuing therapy.

- If you do not abide by the policies and procedures (as set fourth in this agreement), I may end service. This includes missing appointments without 24-hours notice, failing to contact me to reschedule after missing an appointment, or failing to be current in payment or other arrangements.
- If the therapy relationship becomes subject to a conflict of interest that may compromise my ability to protect your confidentiality or remain therapeutically neutral, I must refer you to another therapist who does not have such a conflict.
- If I decide to end my practice before you are ready to end therapy, I must give you ample notice and assist you in transitioning to a different therapist, if you so choose.
- If you do not keep or cancel scheduled therapy appointment and do not contact me within 24 hours of the missed appointment, your regular appointment time will not be automatically held for you. To regain this appointment time or another appointment time, you must call me regarding your continued interest in therapy, paying any fees you owe, and your ability to commit to further therapy.

Emergency Contact

I require that you give me contact information for a person I can contact in case of emergency, and it is to your benefit to do so. This contact will only be used if I believe you or someone else is in immediate danger or if you become ill and unable to continue or depart therapy without assistance.

Emergency contact person: _____

Relationship: _____

Address: _____

Phone Number: _____

Please initial your agreement for me to contact the above named person under the above named conditions. _____

Consent for therapy:

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with me.

Printed name of client

Date

Client's signature

Date

Therapist's signature

Date