

Susan M. Lee LCSW  
COUNSELING CONTRACT

**The Therapy Process:** Counseling services may include Assessment, Diagnostic Services, Crisis Intervention, Referrals, Individual, Couples, or Family Therapy. Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Change may be easy and swift, but often it can be slow or frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended.

**Session Fee:** Sessions are 50-60 minute therapy hour. Assessment, first time visits are a 60 minute hour. Various insurances (along with insurance co-payments) may be used to cover the cost of therapy. If I do not take your insurance a Super Bill can be provided at time of visit upon your request.

If a session runs over more than 15 minutes, the additional time will be billed at 30-minute increments. You will be expected to pay for all costs of services at the time they are provided (in session), unless special arrangements are made and noted at the end of this contract.

**Telephone Time Fee:** After 5 minutes of client-initiated voice-to-voice telephone time, you may be charged at your regular fee in 15-minute increments.

**Additional Charges** for diagnostic inventories or tests will consist of the actual cost of the inventory or test, therapist evaluation time, and/or computer scoring service cost. All applicable fees will be explained before the diagnostic inventory or test is given.

**Cancellation Policy:** Your session time is reserved for you only; therefore, if any appointment is missed without a 24-hour cancellation or reschedule notice, the full fee will be charged for the missed session. Further, if there are two missed sessions without 24-hour notification, services with this provider may be terminated

**Office Hours:** The Center's office hours are from 9:00 a.m. to 5:00 p.m., Monday through Friday

**Messages:** Your therapist is often not available to answer the phone, therefore a 24-hour voice mail will take any non-emergency message you wish to leave. Therapists check their voice mail during the day and will return your call as soon as possible.

**FOR THERAPY EMERGENCIES: please call the Crisis Team at (805) 652-6727 when your therapist is not immediately available. If the emergency is a threat to your health, please call your physician, or 911, or admit yourself to a hospital for observation. If you are a Kaiser Patient please call their 24 hour hotline at 1800-900-3277.**

**Returned Checks:** If a check is returned unpaid by your financial institution, this check is to be redeemed in cash for the amount of the check plus the Returned Check Fee. Payment in cash will be expected for all future sessions.

**If You Fail to Pay** your bill, this may result in your name, phone number, address, and debt information being submitted to a collection agency.

**Client's Rights:** You have the right to a confidential relationship with your therapist, within certain legal limits. See #3 below. Unless the legal limitations apply, information revealed by you during the course of treatment will be kept completely confidential and will not be revealed to any person without your written consent.

1. Your therapist may take notes during session, and will produce other notes and records as required by California law regarding client treatment.
2. You, as the client, have the right to submit a written request for a copy of your records to be released to the person or agency you specify. Your therapist has the right by California law to provide a treatment summary in lieu of actual records.
3. If you make such a written request, your therapist may need to caution you that releasing the information might not be in your best interest.
4. Under certain legally defined situations California law requires your therapist to reveal information to other persons without your written consent. Your therapist is not required to inform you of these actions if this occurs. These legally defined situations include:
  - a. Child Abuse or Neglect, revealed or observed. Or if a perpetrator is in contact with minors and there is reasonable suspicion that he/she may still be abusing minors.
  - b. Physical Abuse or Neglect of a Dependent Adult or Elder, revealed or observed.

- c. If you seriously threaten harm or death to another person, your therapist is required to warn the intended victim and persons likely to suffer the results of harmful behavior and to notify the appropriate law enforcement agencies.
  - d. If you are in therapy by order of the court or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.  
If a court of law issues a legitimate subpoena, and after verifying that the subpoena meets all requirements, your therapist is required by law to provide the information specifically described in that subpoena
  - e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records. After verifying that the subpoena meets all requirements, your therapist is required by law to provide the information specifically described in that subpoena.
  - f. If you indicate you intend to harm yourself, your therapist may need to involve other potential helpers.
  - g. If you are a minor, to your parents – if they request in writing. However, if this does occur, your therapist will make every attempt to inform you of their written request and have you present (if you would like) when information is provided.
5. Should you choose not to enter into therapy with this therapist, upon your request you will be provided with names of other qualified professionals.
6. You have the right to terminate therapy with this therapist at any time without any financial, legal, or moral obligations other than those you've already incurred. We request that you notify your therapist of this decision.

**Further Conditions of Therapy:** Your therapist has the right to terminate therapy with you under the following conditions:

- a. If it is determined that you will be better served by another professional, you will be provided with referrals.
- b. If you refuse to cooperate with treatment.
- c. If therapy is no longer beneficial to you.
- d. If you have not paid for the last two sessions, unless special arrangements have been made with your therapist.
- e. If you have failed to show up for your last two sessions without 24-hour notice.
- f. As life can bring unexpected circumstances, should I be unable to continue your treatment, a trusted colleague will contact you to discuss what would be most beneficial for you at that time.

\_\_\_\_\_ I understand that I will pay \$\_\_\_\_\_ for each 50-60 minute session as services are provided unless other arrangements are made in advance in writing.

**I have read, understand, and agree to the above counseling contract.**

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Client or Guardian Signature Date

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Susan Martinez Lee, LCSW (LCS 19706) Date