##### **THERAPY AGREEMENT**

Welcome to the private practice of Connie Doland, LPC. I am a Licensed Professional Counselor in Texas. I received a Master's degree in Human Services from St. Edward’s University and a Bachelor's degree in Psychology from St. Edward’s University.

If you are ever in acute crisis and need immediate help, please contact one of the following resources:

###### • MHMR Psychiatric Emergency Service: 512-472-8996

###### • Nearest hospital emergency room

###### • 9-1-1 for emergency assistance

###### **NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP**

Therapy can help you better manage the challenges of daily life. Discussion of your specific goals and progress will be a central part of the therapy process. Therapy often requires the sharing of difficult thoughts and feelings and you may feel uncomfortable at times. Sometimes, the feelings may become intense. At other times, you may feel that you are not making enough progress. It is especially important during difficult times that you continue to put your thoughts, feelings and impulses into words. We will work together to consider 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 this relationship. Our contact is limited to the paid sessions we have at the office. I am unable to attend social gatherings or relate to you in any way other than in the professional context of therapy sessions. In my experience, clients are best served if the therapeutic relationship remains professional and sessions concentrate on your concerns.

###### If we ever see each other in public, you may initiate contact with me and say hello at any time. I may not initiate contact with you in order to protect your confidentiality. If we happen to see each other at the same time, I generally acknowledge you by smiling, waving hello and then moving on. During any public interaction, please keep conversation limited to greetings and brief social discussion.

###### Further, I cannot have any economic relationship with you other than our professional relationship associated with your therapy.

#### **MY PHILOSOPHY OF PSYCHOTHERAPY**

###### I see psychotherapy as a co-created process designed for your personal growth and healing. My theoretical approach is primarily based on cognitive therapy, and I have studied and been influenced by other psychiatrists and psychologists whose theories and practices I find useful. I am trained in EMDR (Eye Movement Desensitization Reprocessing) and use it often in my practice, primarily with trauma survivors.

###### Therapy is an opportunity to heal wounds, walk through grief, and discover and create your best self.

###### Ultimately, you have the responsibility for your own healing and growth. The more work you do while in therapy the more powerful your results may be. I am here to assist and guide you through this journey.

#### **RECORDS & LIMITS TO CONFIDENTIALITY**

###### All therapy records are kept confidential and locked in my office when not in use. Under the following circumstances, I may be required to share confidential information by legal mandate:

###### • Client Authorization: You can give me written consent to provide information to others.

###### • Imminent Risk of Harm: If there is reason to believe that you may be at imminent risk of harming yourself, others, and/or property, I have the legal and ethical option to warn appropriate authorities.

###### • Cases of Abuse and Neglect: If there is reason to believe that a minor, an 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.

###### • Court Orders, Licensing Boards & Criminal Proceedings: If a court of law orders me to release information, I must comply with such an order. If a government agency who has jurisdiction over my license lawfully compels the release of records, I must comply with release. Confidentiality does not extend to criminal proceedings in Texas, so that if you are ever involved in a criminal matter, your file may be opened for court inspection.

###### • Inappropriate Behavior by Previous Therapist: If you disclose that a previous therapist behaved in a sexually inappropriate manner, I am legally bound to report it to the District Attorney’s office and to the appropriate state licensing board. It is your choice whether to disclose your identity

#### **CUSTODY AND CONTROL PLAN**

###### In the unlikely event of my death, incapacity or inability to practice, Sandra Rankin, PhD, LPC, LPCC will take custody and control of all my therapy and billing records. These records will still maintain strict confidentiality as noted above. You will be notified in writing of this event should it occur.

#### **OFFICE POLICIES**

###### My fee is $80.00 per fifty minute session*.* You are responsible for paying for each session at the time of service. I also accept some EAP and insurance, and upon verification of an active policy and appropriate coverage, you will be responsible for copays and deductibles as your policy dictates. Checks and Cash are accepted. Administrative fees, such as FMLA or disability reports, are charged at a $50.00 hourly rate. Legal fees are charged at a $150.00 hourly rate. Administrative and legal fees must be paid in advance.

###### If you are unable to attend a session please notify me as far in advance as possible. If you do not show up or **fail to cancel at least 24 hours prior to your appointment**, you will be responsible for paying $35 for the missed session for whatever reason. If you are late for your appointment, you still will be charged. Periodically, I raise my fee and you will have at least a 60 day notice of any future fee increase.

###### I consult with other psychotherapists and discuss clinical issues. I may discuss some clinical aspects of your care with them, however, your identity is not revealed during consultations.

###### I take about two weeks off each year for clinical trainings and vacations. When I am out of the office, information regarding back-up coverage will be provided to you. It will be available on my voice mail greeting, as well.

###### **ELECTRONIC COMMINICATION & SOCIAL MEDIA POLICY**

#### The primary way to contact me is by text or telephone at 512-796-1961. You may leave voice mail messages at this number at anytime. I will respond to voice mail messages during business hours, 9:00am – 5:00pm Monday through Friday. After hours you may leave a message and it will be returned the next business day.

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#### Scheduling changes may be communicated by phone, text or email. All other matters related to therapy are not accepted by email or text messaging. Please know that I will not discuss therapeutic material through email; I simply respond by inviting you to bring this material up at the beginning of our next session. Please do not send any material via email unrelated to our profesional relationship.

#### To respect the boundaries of the therapeutic relationships established in this office, I will not interact with you through social media. I also will not accept friend requests or follow you on social media.

#### **TERMINATION OF THE THERAPEUTIC RELATIONSHIP**

###### The majority of therapy relationships end because clients achieve their goals and agree to terminate. You are free to end therapy at any time for any reason, whether or not I think it is clinically advisable. Please tell me in session that you plan to stop therapy, rather than just not returning, so we can review your progress and discuss any referrals that may be appropriate.

###### 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 your needs surpass my ability to help you, I must refer you to a therapist skilled to do so.

###### • If you do not comply with a mutually developed therapy plan, there is no benefit in continuing therapy.

• If you do not abide by the policies and procedures of this practice (as set forth in this agreement), I may end the therapy. This includes missing appointments without 24 hours’ notice, failing to contact me to reschedule missed appointments, or failing to be current in payments 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 a therapist who does not have such a conflict.

###### • If I ever decide to end my private practice or relocate it to another area.

###### **COMPLAINTS**

###### If you have a question or concern about me, the office, our therapeutic relationship or other questions or concerns related to your therapy; I hope that you are comfortable bring these concerns to my attention. I will happily work with you to resolve any issue you may have. However, if you believe that I have violated the law, you have the right and ability to file a complaint against me with my licensing agency. You may contact the Texas State Board of Examiners of Licensed Professional Counselors. A written complaint can be sent to *P.O. Box 141369 Austin, Texas 78714-1369 or* one can call for a complaint form at 1-800-942-5540.

#### **RISKS OF THE THERAPY PROCESS**

###### Sometimes, the concerns or symptoms that brought you to therapy may worsen before improving. In addition, there is the risk that your concerns or symptoms may not improve as a result of therapy.

###### **DISCLAIMER**

###### Neither I nor any therapist can assure you that you will improve and/or meet all your therapeutic goals. I will utilize my professional judgement and ability to provide you with my best efforts on your behalf.

###### **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. Should any elements of this therapy agreement change, you will be provided a written amended copy. A copy will also be placed in your records after you have had the ability to review it, ask questions, and sign the amended agreement. You are hereby agreeing to enter into a professional therapeutic relationship with Connie Doland, LPC.

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###### Signature Date