

Therapist – Client Agreement

Sessions (Individual, Couples, or Family therapy)

Individual, Family and Couple therapy sessions are 50 minutes long. In most cases, you will have a regular time and day weekly when you see your therapist. If no therapy session occurs for a month or more, your case will be closed. You may resume therapy by contacting CFT. We welcome and expect your active involvement in your therapy.

No secrets policy

At times therapy involves multiple members of a family (e.g., partner, children). In relational cases, the therapist may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit- that is, the family or the couple, to effectively serve the unit being treated. This “no secrets” policy is intended to allow the Therapist to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interest may not be consistent with the interests of the unit being served.

Fees

Payment is due at each session. If you wish to use our sliding fee scale, you must provide proof of income to your therapist at the time of the first session. If you choose, you may pay our full fee for service and not provide proof of income. You will sign a fee agreement for your set fee at the first session.

Cancellations

I hope you will attend all sessions and actively participate in therapy to resolve whatever has brought you to therapy. Please provide at least 24 hour notice if you must miss an appointment. Repeated cancellation, even with notice, may mean that your appointment time will not be held for you. If you miss two scheduled appointments in one month or three scheduled appointments in twelve weeks, your case will be closed and you will need to go through intake to re-enroll in services. You will be charged when you miss an appointment and do not provide 24 hour notice before the appointment time. You may leave voicemail for your therapist at any time by calling 919-813-7288. The voicemail system notes the date and time of your call. During your treatment if you do not attend a scheduled session and do not call to cancel the appointment, you will need to contact your therapist to schedule any future appointments, as your standing appointment will be removed from the therapist’s calendar.

Staff and Client Treatment

You have the responsibility to treat CFT staff and clients with dignity and respect. You are also expected to protect the confidentiality of the people served by Coley Family Therapy. CFT reserves the right to not begin or to terminate a session with a client believed to be under the influence of drugs and or alcohol. You will be required to find a safe method of transportation to leave CFT if you arrive at Coley Family Therapy under the influence of drugs and or alcohol.

Children at Sessions

Although CFT wishes to be sensitive to family needs, we do not have the capacity to provide childcare. We do not allow children in counseling sessions unless they are the client of the session. Children may not be left unattended in the waiting area.

Emergencies

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

- 9-1-1 for emergency assistance
- Nearest hospital emergency room

Emergency Contact

CFT requires that you give us contact information for a person we can contact in case of emergency. This contact will only be used if we 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	_____

I agree for CFT to contact the above named person under the above named conditions.

- CFT does not discriminate on the basis of sex, gender, sexual orientation, race ethnicity, color national origin, age, economic status, disability, marital status, HIV/AIDS status, religion, creed, Veterans status, or political beliefs.
- I am happy to inform you of my qualifications.
- Expect that all communication and records related to your service will be treated as confidential and protected to the best of our legal ability. CFT expects that group participants will maintain the confidentiality for the identity and disclosures of fellow group members. We also expect family members and significant others who attend therapy at CFT will maintain the confidentiality of their fellow clients. Please be aware however, that CFT cannot guarantee that other clients will abide by this expectation. Since I am an associate licensed professional, I will meet regularly with my supervisor to discuss client cases. Client information will remain fully confidential. Under certain circumstances, your therapist may be required to share confidential information under ethical and legal guidelines. These limitations to confidentiality are:
 1. When the client is believed to be an immediate danger to self or others
 2. When therapist is told that abuse or neglect of a child or elderly or disabled person has occurred, even if that abuse occurred in the past. This means that sexual activity between a minor and an adult **must** be reported. Sexual activity between a child and an older child who is three years older than the younger child **must** be reported.
 3. When records are court ordered by a judge
 4. When you provide a written consent for release. You have a right to request to review your record and/or request an amendment or correction to your record.
- You may refuse any service or discontinue services at any time.

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 or the therapy process have been answered to your satisfaction.

_____	_____	_____
Client Printed Name	Client Signature	Date

_____	_____	_____
Client Printed Name	Client Signature	Date

_____	_____	_____
Client Printed Name	Client Signature	Date

_____	_____
Therapist Signature	Date