



Pinnacle Health Services

Therapy Agreement

Mollie Terpening, LPC, MA -OR- Tammie Johnson, LPC, Leslie Rheault, LPC ,

It is important that you understand your rights and obligations regarding your psychotherapy experience. Please carefully read the information below so that you can give your informed consent. Feel free to discuss any of this information with me.

Treatment Philosophy

- ❖ Treatment Philosophy: Mental Health Therapy can be helpful in identifying internal and external difficulties that are keeping you from experiencing your full potential. However, therapy has risks, as well. There is a risk in identifying and processing those things that have been hidden or avoided; sometimes causing emotional and mental distress. I anticipate the discomfort will decrease; however, I cannot guarantee that treatment will be successful. If I determine that I cannot provide the treatment you need I will let you know as soon as possible and refer you to a provider I feel can offer you the treatment you need.
Still, therapy requires you to invest your time and energy. During our time together, you will be asked to work on various tasks/activities in between our sessions. I may also make other appropriate referrals if I find it necessary (i.e. psychiatric evaluation). Remember, you always retain the right to request change in treatment or to refuse treatment at any time.
- ❖ Your psychotherapy sessions will be approximately 50-60 minutes in length and are generally conducted once per week.
- ❖ The duration of therapy varies with each client's individual needs. You may ask about my treatment plan, or an estimated duration of psychotherapy at any time.
- ❖ APPOINTMENT RESCHEDULING OR CANCELLING: Once an appointment is set, that time is reserved for you. I cannot typically fill that time within 24 hours. Therefore, APPOINTMENTS MUST BE RESCHEDULED OR CANCELLED 24 HOURS IN ADVANCE; otherwise you will be charged a \$50 no show fee. I may make an exception for a true emergency.
- ❖ I can be reached at the clinic by calling (541) 423-8151. Any emergency should be directed to your emergency response team at 911.
- ❖ According to the laws in many states and all professional ethical codes, any kinds of sexual conduct or asking for sexual conduct, or sexual misconduct by a psychotherapist with a client is illegal, as well as unethical.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. However, there are limits to this confidentiality that you should know about.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to the legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or child (or vulnerable adult) is in danger of abuse, the mental health professional is requires to report this information to the appropriate social service and/ or legal authorities.

Minors/ Guardianship

Parents or legal guardians of non-emancipated minor clients may have the right to inspect the clients records unless the health care provider determines that access to the client’s record would have a detrimental effect on the providers’ professional relationship with the minor client, or the minor’s physical safety or psychological wellbeing.

GENERAL CONSENT TO DO PSYCHOTHERAPY

- ❖ I have read and fully understand these client policies and give my full-informed consent.
- ❖ I apply for and consent to psychotherapy with Mollie Terpening, LPC, MA -OR- Tammie Johnson, LPC -OR- Leslie Rheault, LPC
- ❖ I further understand that I am responsible for payment even though my insurance company may or may not reimburse me at a later time.
- ❖ I understand any conversations over five (5) minutes in duration will be charged in fifteen (15) minute increments.

Client Signature	Date

Parent or Guardian	Date