



TEEN PSYCHOTHERAPY CONTRACT AND CONSENT

This document contains important information about the professional services offered by Zara Drapkin Psychotherapy and my business policies. Please read it carefully and ask me about any questions that arise. When you sign this document, it represents an agreement between us.

Mental Health Services:

The first 2-3 sessions will involve an assessment of your needs. By the end of the assessment, my goal is to be able to offer you some first impressions of what our work together will include and a general treatment plan. After this assessment, we can both decide if I am the best therapist to provide the services you need in order to meet your treatment goals. If not, I will attempt to refer you to a more appropriate clinician.

I will work together with you to establish specific, individualized goals for treatment. Throughout therapy, we will continue to assess whether these goals are being met and/or whether they require revision. Most of my clients see me once a until mutually agreeing to terminate treatment.

Risks and Benefits of Therapy:

Participation in therapy can result in a number of benefits, including potential resolution of the specific concerns that led you to seek therapy. To ensure the best possible results, you are expected to play an active role in your treatment, including collaborating with me to identify treatment goals, completing questionnaires, and designing and completing homework assignments throughout our work together.

While therapy has many benefits, it also has risks. During the assessment or therapy, remembering or talking about unpleasant events, feelings, or thoughts may result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, frustration, loneliness, helplessness, or other emotions. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that may cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve the issues that brought you to therapy in the first place may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. There is no guarantee that therapy will yield positive or intended results.

Confidentiality:

Your discussions with a mental health provider are considered confidential, which means that these discussions are protected by law. I may not disclose information about your child without your formal written consent, except where disclosure is required by law. These exceptions include:

1. If you present a danger to yourself, to others, or to property.
2. If there is suspected past or present child, dependent or elder abuse or neglect.
3. If I am court ordered to release information as part of a legal proceeding where required by law, or as otherwise required by the law.

Confidentiality with minors and parents:

Since privacy in psychotherapy is often critical to successful progress, particularly with adolescents, I request an agreement with minors over age 12 and their parents about what information will be shared and how I will share it. This agreement provides that if I see the adolescent client individually, I will ask him/her what he/she does not want me to share with anyone. I will never mention anything to your parents before you agree unless I believe that you or someone else is in immediate danger or you are under 16 years old and I have reasonable cause to believe that you have been the victim of a crime and that disclosure of the communication is in your best interests. Although this agreement is in place, it is important for you to understand that I work as a family psychotherapist, which means that I will often need to speak with everyone involved in order to help you and your family make progress.

Professional Fees:

My current fees are as follows and were discussed with you on the phone prior to the first appointment.

Regular Therapy Services: We have agreed to a set fee of \$200 for the 50 minute initial assessment. Payment options include cash, checks made payable to Zara Drapkin Psychotherapy and credit cards (I use a HIPPA compliant payment option called IvyPay). Payment in full is required at the beginning of each session.

Insurance Reimbursement: Zara Drapkin Psychotherapy is not on any insurance panels. If requested, I will provide you with a statement at the end of each month that you can choose to submit to your insurance carrier for reimbursement. Some insurance companies will not cover outpatient psychotherapy. Therefore, it is your responsibility to contact your insurance company prior to the initial appointment to inquire about reimbursement.

Litigation Limitation:

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither parent/guardian, nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If I am called to testify by another party, you will be expected to pay for all of my professional time, including preparation and transportation costs. I charge \$150 per hour for preparation and attendance at any legal proceedings.

Consultation:

I consult regularly with other clinicians. No identifying information is ever mentioned. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your child's clinical record.

Medications:

Zara Drapkin Psychotherapy does not prescribe medication. Medication can only be prescribed by a psychiatrist or other medical doctor. If indicated or requested, I will provide you with a referral to a psychiatrist for an evaluation.

Professional Relationship:

In your best interest, and following the Board of Behavioral Science's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients and/or their parents. I can never have a sexual or romantic relationship with any client and/or their parents, during or after the course of therapy. I cannot have a business relationship with any of my clients and/or their parents, other than the therapy relationship. To respect your privacy, if I see you in the community, I will not acknowledge you unless you have first acknowledged me.

Social Media Policy:

Zara Drapkin Psychotherapy uses social media in order to provide information regarding my services, share blog posts, and provide access to relevant articles regarding mental health and related topics. You are welcome to view my social media and read or share any articles or information posted there. I will not accept any friend requests from current or former clients on any social media sites, as this blurs the boundaries of the therapist and client relationship and has the potential to compromise your confidentiality.

The professional organization that governs my license requires that clinicians do not use their professional relationships with clients to further their own interests. Any page on a social media platform, website, or other internet resource on which the Zara Drapkin Psychotherapy is listed is NOT a request for a review, rating, or endorsement from you as my client. Of course, you have the right to express yourself on any site you wish. However, be aware that Zara Drapkin Psychotherapy will not respond to any review or statement written by any current or former clients.

Social media sites (Facebook, LinkedIn, Twitter, etc.) are all public forums. Therefore, messaging from these sites is not secure. Additionally, Zara Drapkin Psychotherapy may not receive or read any messages sent to me through these mediums in a timely fashion. I request that you do not communicate with me through any social media sites. If you would like to contact me, please call 510-993-0444 or email me.

Out-Of-Office Communication:

If you want to contact me between sessions, you may leave a voice message on my voicemail at 510-993-0444 and your call will be returned as soon as possible. Zara Drapkin Psychotherapy does not provide crisis care and I will not always be available. If you need to talk to someone right away, you can call the Police (911) or the 24-hour

Suicide and Crisis Service toll-free at 855-278-4204.

When you use email, text, cell phones, or computers for communication there are privacy risks such as emails being sent to the wrong recipient, accounts getting hacked, phone conversations being overheard, text messages being viewed by people other than the intended recipient, and computers getting stolen. Although these forms of communication add convenience and expedite communication, it is important to be aware that computers, e-mail, and cell phone communication can be accessed relatively easily by unauthorized people and this can compromise privacy and confidentiality. It is your choice if you would like to use these forms of communication. If you choose to do so, you assume all associated risk.

I understand the risks and I allow Zara Drapkin Psychotherapy to use e-mail to send protected health information.

Client - sign here to allow: _____

Parent - sign here to allow: _____

Cancellations, Missed Sessions, and Tardiness:

You will be charged the usual fee for sessions that you miss, cancel, or change with less than **24 hours notice**, regardless of the reason.

Please initial here to acknowledge this policy: _____

Generally, we will start sessions on time. Sessions will end at the set time, even if you are late. If (on rare occasion) I begin a session late, I will make up the missed time in some mutually agreeable fashion (eg. by extending the session, if convenient for you.) If I have to cancel the session for any reason, you will not be charged.

If you are more than 20 minutes late for your scheduled appointment, and have not contacted me to alert me that you are coming, I reserve the right to leave.

Limited Warranty; Limitation On Liability:

I will perform services in accordance with applicable standards of professional conduct but I make no warranties with respect to the results of my services. Except with respect to the foregoing, all warranties, conditions, representations, indemnities and guarantees, whether express or implied, arising by law, custom, prior oral or written statements by me or otherwise are hereby overridden, excluded and disclaimed. I WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, SPECIAL, PUNITIVE OR INCIDENTAL DAMAGES, WHETHER FORESEEABLE OR UNFORESEEABLE. In the event I fail to exercise due care in providing services, the exclusive remedy and my sole liability, is, at my option, either the (i) waiver of the compensation for the services or (ii) providing duplicate services.

You will indemnify, defend and hold me harmless from any and all claims, liability, costs, damages and expenses, including without limitation attorneys' fees, arising out of or relating to the services provided by me under this Agreement brought by any third party except to the extent my actions are found to constitute professional negligence.

Ending Therapy:

You may end therapy at any time. A final session is strongly recommended for closure of our work together. If at any point during treatment I feel that I am not effective in helping you reach your therapeutic goals or if I believe that you could benefit from a treatment I cannot provide, I will discuss this with you and give you the names of other qualified professionals who may be better able to help you at that time.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another clinician who will assure confidentiality, preservation, and appropriate access to your records.

Your signature below signifies that you understand and agree to comply with the information in this document. Additionally by signing below, you declare that you are the parent, guardian, custodian, conservator, or other legal representative with legal authority to authorize services for the minor listed:

Name of Client	Signature of Client	Date
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Name of Parent	Signature of Parent	Date
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Name of Parent	Signature of Parent	Date
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