## JLR Therapy LLC Jennifer Rick LMFT

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## **Counseling Agreement**

Signing this Counseling Agreement is required before beginning therapy. If you have any questions or concerns about anything in this document, please discuss them with me prior to or during our first session.

**Entering Therapy:** Welcome to my private therapy practice. I am committed to working with you to understand your needs and work toward your goals. I consider our first few sessions together an assessment period where I ensure that I can help you with your stated goals and you determine whether I feel like a good fit as your therapist. In order to gain the most benefit from therapy, I ask that you remain open and engaged in the therapeutic process.

**Benefits/Risks:** You may experience many benefits as a result of therapy. Some of these benefits could include: improvement in symptoms, increased coping strategies, and a deeper understanding of yourself and your relationships. Therapy also involves some risks. You may experience discomfort as we explore challenging thoughts and emotions. It can also sometimes be distressing to examine difficult situations in therapy. I always encourage you to communicate with me throughout the therapeutic process – especially if you feel your distress and discomfort are negatively impacting your life.

**Confidentiality:** Everything that we talk about in therapy is strictly confidential. This means that, if you want me to discuss you and our work together with any other person for any reason, I will ask you to sign a release authorizing me to do so. If you are in couple therapy, the release must be signed by both parties. Information may be released without your consent under the following circumstances:

- There is an indication that you are in imminent danger of hurting yourself or another identified person.
- There is a suspicion of child or elder abuse/neglect, as required by law.
- There is a legitimate court order or subpoena and all attempts to block such a motion have failed. In order to provide the best and most ethical treatment for you, I may occasionally need to consult with other therapy professionals in their area of expertise. General information about you or your case may be shared in this context, but never with your name or other personally identifying information.

**Phone Calls:** If you need to call me between scheduled sessions, please leave a message on my voicemail at 571-446-0015. I am often not immediately available, but I check messages regularly throughout the day and will make every attempt to return calls within 24 hours.

**Email and Text:** I understand that email and text communication are often easier and more convenient for my clients, however, there is an inherent risk to your confidentiality when using electronic means of communication. To respect your confidentiality, when I initiate contact with you outside of session I will always use either a phone call or secure messaging through our TheraSoft system. If you initiate contact with me, going through a phone call or the Therasoft system will be most secure. However, if you prefer to use email or text, I will respond via the same method. By using email or text, you agree to the risks discussed above.

**Emergencies:** I am not available 24 hours a day for emergency intervention. If you are in crisis and experiencing a mental health emergency, please call 911 or go to the nearest emergency room. You can also call:

- Fairfax County Emergency Services (24hrs) 703-573-5679
- Crisis Link Hotline (24hrs) 703-527-4077 (or text CONNECT to 85511)

**Services and Fees:** I provide therapy services for adult individual and couple therapy. All sessions are 50 minutes and the fee is \$150 per session. (If you feel a longer session would better fit your needs, please discuss this with me). The fee is payable at the time of service via cash, check, or credit card. These fees are subject to change with a minimum of 30 days notice. Although I do not participate with any insurance providers, I am happy to provide you with a receipt to submit to your insurance for possible reimbursement. I do not voluntarily appear in court. If you compel me to appear, the rate is \$800 per day, regardless of time spent in court.

**Cancelations:** I require a minimum of 24 hours notice if you need to cancel or reschedule a session. You will receive an appointment reminder 48 hours before your scheduled appointment, giving you 24 hours to respond and cancel without penalty. If you miss or cancel a session with fewer than 24 hours notice you will be charged the full session fee of \$150.

**Ending Treatment:** I look forward to collaborating with you to help you reach your goals in therapy. If at any time I feel that I am unable to do that, I will discuss this with you and, if we end therapy together, I will provide you with referrals for other therapists. You may, of course, end treatment at any time. I ask that you attend one final termination session so that we can discuss your progress and any future therapeutic needs. Unless other arrangements have been made in advance, if you have not scheduled a session for 3 consecutive weeks then I will consider our therapeutic relationship terminated. Regardless of the manner and reasons for ending treatment, always feel free to contact me in the future if you would like to revisit therapy.

I understand and accept the policies stated above.			
Client Signature	Date	Printed Name	
Client Signature	Date	Printed Name	
I hereby acknowledge that I hav	e received a Notice of Priv	acy Practices (HIPAA Notice)	
Client Signature	Date	Printed Name	
Client Signature	Date	Printed Name	