



## INNOVATIVE FAMILY THERAPY

### INFORMED CONSENT CONTRACT

Welcome to Innovative Family Therapy. Since this is your first visit, we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want clarification on any of the topics discussed in this services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Therapeutic Service Contract.

Innovative Family Therapy provides counseling services for children, adolescents, adults, couples and families. Each therapist is an independent contractor that is contracted by Innovative Family Therapy to perform therapeutic services.

The initial session(s) serves as a intake appointment. We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your particular issues. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 50-60 minutes unless otherwise arranged. Oftentimes, sessions are set for once each week or biweekly but this varies based on what seems most appropriate for your particular situation.

#### **Consent for Treatment**

I hereby authorize permission to receive counseling from a independent contracted therapist for Innovative Family Therapy; including assessment, treatment, and/or diagnosis for myself and/or my family member(s). I understand that upon my request the purpose of any of these procedures will be explained to me.

If the consent is for therapy is being completed by parent/guardian for a minor you are consenting that you have rights to make medical decisions for this minor. Innovative Family Therapy will not be held responsible for any knowledge we were not provided for therapy services regarding rights and custody. If you are not the sole custodial parent and another parent/legal guardian has rights for making medical decisions they are also required to sign this



## INNOVATIVE FAMILY THERAPY

consent form. If there is a custody agreement we request that you provide a copy of this agreement for the therapist either prior to the appointment or at your first appointment.

Some of our independently contracted therapists may still be under supervision as a Marriage and Family Therapist Associate license. This means they are under the supervision of a Licensed Marriage and Family Therapist. By signing this document you consent you authorize the discussion of information between the supervisor and the therapist for the solely for the purposes of consultation and training including assessment, treatment, and diagnosis; to improve the quality of treatment rendered. If you have any questions or concerns regarding this please ask your therapist to further explain or call Chelsey Gorham the owner of Innovative Family Therapy at 502-612-9129.

Contact information for independently contracted Marriage and Family Therapy Associate supervisors:

- Janie Hewitt's supervisor is Mary Badami, MA, LMFT- AAMFT Approved Supervisor, Licensed in Kentucky #104043

Mary Bandami can be contacted at (502) 548-7873

- Crashonda Duncan's supervisor is Heather Brooks, LMFT, Kentucky Board Approved Supervisor #103943

Heather Brooks can be contacted at (502) 693-7885

- Odell Morgan's supervisor is Lisah Sutton-Williams, LCSW, LMFT Kentucky Board Approved Supervisor #

Lisah Sutton-Williams can be contacted at (502) 588-0800

Contact information for independently contracted Licensed Professional Counselor Associate supervisors:

- Ashlee Colville's supervisor is Imelda Ninette Bratton, LPCCS Kentucky Board Approved Supervisor # 1632

Imelda Ninette Bratton can be contacted at 270-779-6265



## INNOVATIVE FAMILY THERAPY

### FEE AGREEMENT

**Individual Sessions/individual parenting (child, adolescent, adult): \$75**  
(per 50-60 minute session)  
**Individual half time (child, adolescent, adult): \$40 (per 30 minute session)**  
**Couple/Marriage Sessions/ Family sessions with two people: \$85 (per 50-60 min session)**  
**Parental Coaching Sessions: \$85 (per 50-60 minute session)**  
**Family Sessions 3+ people: \$95 (per 50-60 minute session)**

**Initial session: \$100 (90 minute session)**

Pricing may vary depending on the client's circumstances and individual needs. I understand and agree to the fees listed above per session as based upon fee scale for initial assessments and each subsequent session of individual, couple, family, or group therapy. Each session is 50-60 minutes in length. All payments will be paid in full at the time of service to Innovative Family Therapy in form of cash, check, or credit card. Your therapist will collect this payment during or before your session.

I understand and agree that I will be charged for any additional services in which are provided and include but is not limited to: report writing and reviewing, letter writing, consultations with other professionals, telephone conversations lasting longer than 10 minutes, legal preceding participation, diagnostic plans; as well as any other professional services the therapist must perform. All documents including but not limited to professional letters, diagnostic plans, assessments, and formal recommendations of any kind will be a charge of \$45 per document and any time spent by the therapist creating the document past 1 hour will be charged at \$45 per additional hour(s).

There will be a fee of \$25 for returned checks.

**I understand that insurance will not be an acceptable form of payment and that I, the client am responsible for full payment of services at the time of service.**

**\*\*NOTICE\*\* INNOVATIVE FAMILY THERAPY WILL NOT PARTICIPATE IN MAKING ANY FORM OF RECOMMENDATION FOR CHILD CUSTODY CASES\*\*\*\*\*** This is non negotiable so please do not ask or subpoena a therapist to court for this matter. *See court involvement section for more information.*

**Appointment Scheduling and Cancellation:** I understand that any cancellations or "no shows" with less than 24 hour notice before my scheduled appointment will be **charged in FULL** for the session. If there is an emergency or extreme circumstance in which prevents you from attending



## INNOVATIVE FAMILY THERAPY

your appointment please contact your therapist to discuss your circumstances and to reschedule. I understand that services may be stopped in the event I fail to pay for services rendered and or cancellations and missed appointment fees. I understand that if I am in or come upon circumstances in which payment is difficult for me I can contact my therapist to discuss possible payment alterations.

I have read the above fee agreement and understand it and agree to all of the terms and conditions stated.

### **Policies**

#### Confidentiality

Innovative Family Therapy and its independent contracted therapists strive to provide a safe and comfortable place where you can openly express and explore your personal concerns. In doing so we are committed to guarding your right to privacy, within the limits of the law. The following with describe the nature of confidentiality between the therapist and the client.

I understand that the counseling relationship between myself and therapist is confidential except where disclosure is legally required.

Disclosure is required by law in the following circumstances:

1. When the counselor becomes aware of danger of harm to self or another person. The therapist has the duty to report any threats of harm to those who were mentioned and in possible danger. The therapist also has the duty to notify family members and or other professionals to take the necessary means to keep the client safe.
2. Any suspicion of abuse/neglect of a child or vulnerable adult. A report will be made to appropriate protective agencies.
3. When a court of law issues a legitimate court order signed by a judge to release information.

Except in one of the above listed situations the therapist will not release any information without a client request and signed release form. **NOTICE:** Releases of information for families/couples in therapy require the written permission of every member of the family/couple in treatment able to execute a waiver.



## INNOVATIVE FAMILY THERAPY

**Confidentiality with MINORS:** Custodial parents should be aware that confidentiality applies to minors as well except in the above stated exceptions. Parents who participate in parental coaching sessions understand that confidentiality will be upheld in regards to the therapy being conducted with their child.

**Confidentiality with COUPLES AND FAMILIES IN THERAPY:** There are additional confidentiality concerns for couples and families in treatment that you need to be aware of. When working with a couple or family we look at them as partners in therapy. There may be times in which individuals reveal information to therapist in confidence and the therapist will not reveal this information to other partners in therapy. It is important for you to understand that “secrets” that are kept from other members in therapy is usually not healthy for the therapeutic process and all those involved. For this reason, if an individual or subset in therapy discloses information in confidence that is important to the therapeutic process I will encourage this person(s) to reveal the secret to other members. I will provide assistance in finding appropriate ways to reach such disclosure.

**Confidentiality in Social Media:** In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept friend or contact requests from current or former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites or through any means. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

**Confidentiality with Emails and Text Messages:** Email and text messages are not secure forms of communication. Some therapists may have encrypted emails so please discuss with them their preference on email. If you contact a therapist via email regarding clinical issues understand that these are not guaranteed a secure form of communication, and there is possibility that we will not get the message in a timely manner, or that communication will be interpreted in an unclear manner. Please do not text your therapist concerning clinical issues. Preferred communication is via phone for clinical issues. Text and emails should be used for scheduling and changing or canceling appointments. If you use a client portal provided by your therapist you will have access to secure messaging.



## INNOVATIVE FAMILY THERAPY

**CAMERA in waiting area:** We would like to inform you before your visit that there is a video camera in our waiting area. This camera is NOT recording and does not have audio. The sole purpose of this video camera is for security purposes and for our therapists to be able to see when their clients arrive for their sessions. They are hooked up to video screens within each office that the therapist can view. The only persons with access to these cameras are the therapists at Innovative Family Therapy and ONLY when they are in the office. There is no outside access or feed from which can be accessed.

### **BEHAVIOR AND PHONE CALLS/EMAILS**

As professionals we strive to treat client's with the upmost respect and ask that client's do the same for their therapists. Therapist(s) will be mindful of your time and request you be mindful of theirs. Therapists will answer phone calls, texts, and emails within 48 hours, and withhold the right to decide what is appropriate to respond to . I understand I will be charged for phone conversations that last more than 10 minutes. If I have an emergency situation call 911 or nearest emergency services and if I cannot reach my therapist I will call my primary care physician, The Crisis and Information Center at (502)589-4313, or the nearest hospital emergency room. Innovative Family Therapy is not a crisis facility. Do not contact us by email or fax in an emergency, as we may not get the information quickly.

Please do not come to the office without an appointment. If you would like to speak to a therapist at Innovative Family Therapy you need to contact the therapist first via phone or email and they can then schedule a time to speak. Do not show up unexpectedly at Innovative Family Therapy office at any time and request to speak to a therapist without an appointment. DO NOT knock on the door of any therapists office if "IN SESSION" sign is on door. This means the therapist is with a client, on the phone, or otherwise busy and cannot speak at the moment. If you are at the office for an appointment please wait in waiting area and your therapist will meet you there at scheduled appointment time.

### **Therapy Process, Benefits and Risks, & Termination**

Therapy begins with the initial session that usually last about 90 minutes; where you will first go over the intake forms, fee agreement, and informed consent. During the initial session your therapist will go over what motivated you to seek therapy and what goals you might be looking to reach during therapy. The succeeding therapy sessions will last 50 to 60 minutes unless otherwise discussed by the therapist and client. A client will usually meet with a therapist at least once a week and possibly more or less frequently depending on your personal treatment plan. These details will be discussed in our initial session and throughout the therapeutic process. The length of treatment depends on each individual, couple, or family's situation and needs. Termination occurs once therapy has been completed and or if one party decides to discontinue



## INNOVATIVE FAMILY THERAPY

therapy. The client has the right to end therapy at any time. The therapist holds the right to terminate therapy at any time throughout the process if he/she feels that (1) the therapy is not effective (2) therapy has been completed and client has reached treatment goals successfully (3) client does not follow required rules and policies for payment, attendance, and behavior.

### **Risks and Benefits**

Therapy can be very beneficial to clients in many different circumstances but it is necessary for the client to understand that therapy is a process and your therapist does not promise a “cure” for any issue. Therapists can only offer services to provide support and guidance in helping you through your current issues. Notice that your role as the client in therapy is essential to the therapeutic process just as it is the therapist. Therapy is often beneficial when the client is openly willing to go through the therapeutic process and look deeper at themselves and their relationships with others and the world around them. Therapists will encourage clients to be open about all of their thoughts and feelings in their therapy sessions; this helps to build the therapeutic relationship between therapist and client and it provides the therapist with insight into your thoughts and attitudes about your relationships and life experiences.

### **Possible benefits of participating in therapy may include:**

- Improving the ability to communicate in interpersonal relationships.
- Reduction in psychological symptoms.
- A deeper connection in personal relationships.
- Ability to handle and or cope with interpersonal issues.
- Increased understanding of personal, family, or marital goals and values.
- Finding peace and healing of past and present wounds.
- Reduction in stress
- Resolution of other specific concerns brought to therapy.

Notice that therapy is often not always an easy process and may bring about personal awareness on issues in which may make you feel uncomfortable. Many emotions may come up throughout the therapeutic process when talking about traumatic or painful memories, thoughts, and feelings. Notice that these emotions brought about through the gaining of awareness and self-



## INNOVATIVE FAMILY THERAPY

actualization can lead to issues within relationships with family, friends, coworkers, and can impact your life in many ways. Your therapist encourages you to always be open and speak about any of these issues in which are impacting your life.

### **Possible risks of participation in therapy may include:**

- There is no guarantee as to therapy outcome. Some people may experience no improvement in their situation - a few may even feel that they have gotten worse.
- The experiencing of uncomfortable feelings and intense emotions as unpleasant events, memories, relationship issues, and other concerns are addressed.
- Therapy can sometimes lead to individual decisions that can be disruptive for others in your life; such as family, friends, and co-workers.

### **Termination**

The length of therapy will vary depending on each individual, couple, or family's unique needs. Therapy is a process and each person(s) will go through this process in their own time which fits their personal needs. Therapy will continue until the therapist or client determines that they have reached the therapy goals and/or the full benefits of therapy at that time.

Notice that the therapist reserves the right to terminate therapy at any time when they feel it necessary; including but not limited to: multiple cancellations of appointments without notice, need of referral, risks to therapist or client, inappropriate client behavior, and or failure to pay for services. The client also reserves the right to terminate therapy at any time for any reason. Innovative Family Therapy asks that you please consult with your therapist upon the time in which you decide to terminate the therapy.

It is important for you as the client to prepare for a termination of the therapeutic relationship and process as you move towards the end of your therapeutic journey. There needs to be time given before terminating to bring closure to the therapeutic relationship and a discussion of what occurred throughout therapy.

If there has been a 45 day lapse in therapy with no contact between the therapist and client the client will be considered inactive and will be terminated. This does not mean the client cannot return to therapy after this time. They will just need to contact their therapist and sign paperwork to start therapy again.





## INNOVATIVE FAMILY THERAPY

### COURT INVOLVEMENT AGREEMENT

As a therapist the role is to provide a therapeutic environment where clients feel safe to share personal information and work towards their therapy goals. A vital part of creating a positive outcome through therapy is the therapeutic alliance that establishes a full commitment to safety and confidentiality. The decision to involve a therapist in legal proceedings as an expert witness undermines the ability of the therapist to protect the privacy and the sanctity of the therapeutic process.

I understand that my therapist will not participate in legal proceedings concurrent with the therapeutic process. If I choose to seek a subpoena or another party does in order to compel the testimony of my therapist, therapeutic services may be terminated, left to the discretion of my therapist. I will be responsible for charges which will be accrued starting with an up-front non-refundable \$1200 retainer fee and additional **\$400 per hour from door to door** after reached retainer rate. In addition a pro-rated rate for the \$400 per hour fee may be charged by my therapist for their time spent collaborating and/or communicating with additional service providers or court appointed professionals. This includes but is not limited to professional meetings, phone calls, preparing letters, and/or documentation at the request of the court or legal proceedings.

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### CLIENT SIGNATURE AND AGREEMENT TO TERMS OF THIS DOCUMENT

I \_\_\_\_\_, understand this informed consent contract in it's entirety and agree to the terms stated and will adhere to the information in this Informed Consent Contract.

_____ Signature of Client(s)	_____ Date
_____ Signature of Clients(s)	_____ Date
_____ Signature of Parent(s)/Guardian(s)	_____ Date
_____ Signature of Parent(s)/Guardian(s)	_____ Date