



Individual, Couples and Family Counseling
1881 South Arlington Avenue Ste 201
Reno, Nevada 89509
775.233-5977
judithmathewsmft.com

Office Practices and Consent to Evaluation / Treatment Form

Welcome to my practice – I appreciate the opportunity to serve you. This document contains important information about my professional services and business policies. Please ask me if you have specific concerns or questions about this information.

Understanding the Therapeutic Process: Therapy is most effective when both the client and the therapist make a commitment to the therapy relationship and the therapeutic process. Through mutual commitment, the therapist and client create a relationship in which there is trust, respect, safety and an open exploration of the client’s thoughts, feelings and experiences. Within the safety of the therapeutic relationship, change becomes possible.

As with any effort to create lasting change, psychotherapy requires time, energy and commitment. Our first few sessions will involve an evaluation of your needs, from which I will provide impressions of what our work will include and an initial treatment plan. Psychotherapy can feel frustrating because we often cannot control the pace of change. On the path toward healing, you may experience an increase in painful feelings; this is a normal part of the process. Psychotherapy has both risks and benefits. Usually people find psychotherapy helpful, although it can cause disappointing or unexpected outcomes.

If you have concerns about your progress or any aspects of treatment, I invite you to discuss this with me in person or in writing. You are free to terminate at any time; however, I hope you will discuss this prior to stopping. I can give you a referral to other providers if you choose to discontinue our work together. If we cannot resolve your complaints, or if you feel I have acted in an unprofessional manner, you may contact the State of Nevada Board of Marriage and Family Therapists.

Payment: Your payment (by cash, check or debit/credit card) is due in full at the time of service, unless other clear arrangements are made with me. I collect payment at the beginning of each session.

Fees: Individual, Couples or Family Counseling

52-60 minute session: \$ 180

75-80 minute session: \$ 200

Telephone Calls: Any phone call longer than ten minutes will be charged at the regular rate (\$180/60 minutes)

Letters: Should you need me to write any letters on your behalf, you will be charged at the regular rate (\$180/60 minutes) for the time required to write the letter

Appointment Cancellation Policy:

Weekly/Bi-weekly Clients: Appointments cancelled with less than 48 hours notice will be billed to you, at the rate of the normal office visit, since that hour has been reserved for you. Please note that third-party payers will not pay for a missed session.

Monthly Clients: Appointments cancelled with less than five days notice will be billed to you, at the rate of the normal office visit.

I will make an exception to this policy for illness or emergency; otherwise, the cancellation fee applies. With sufficient notice, appointments can be rescheduled.

Telephone Contact and After-Hours Coverage: To reach me by telephone, call (775) 233-5977. You may leave a confidential message and I will return the call as soon as possible, although this may take more than 24 hours. It's my policy to limit contact between sessions (whether via phone, email or text) to discussion of scheduling; therapeutic issues will be discussed only during your scheduled appointment. If you are experiencing a crisis and in need of immediate assistance, please contact Crisis Support Services of Nevada at 1 (800) 273-8255 or an emergency service such as a hospital emergency room. *As a private practitioner who treats many clients, I am not available for crisis intervention between sessions. If you feel your condition is too acute to be treated on a weekly outpatient basis, please let me know. We can discuss adding appointments or referral to a practitioner or clinic more suited to your needs.*

Confidentiality: Our discussions are kept confidential. Information is never released to anyone, including your spouse/partner or family, without your written consent, **except** as required by law or ethical conduct as noted below:

- I am required by law to report any suspicion of abuse or neglect of children or vulnerable/elderly adults, past or present
- If a threat of physical harm is made against yourself or toward a specific person, I will take steps to protect those in danger. This may include notifying law enforcement personnel and the intended victim, contacting a friend or relative, hospitalization, or referral for medication assessment.

Confidentiality (cont'd)

- If the issue of your mental status is raised in a court of law, the information in your case file can be subpoenaed and I can be compelled to testify about your treatment and your mental health. I will not release information to the court without your permission unless I am compelled to do so by a court order. If an individual who participated in couples or family therapy does not wish to release information to the court, I will attempt to refrain from releasing information, unless ordered by the court. Please see litigation limitation below.
- Your records will be released if you file a complaint with a professional licensing board.
- To provide the best possible treatment, I regularly consult with other professionals about my cases; no identifying information will be given in these consultations.
- All billing agents and report typists, as well as professionals who cover for me, are bound by this confidentiality agreement.
- I make all efforts to protect your confidentiality when I call you. If you have special instructions for how I leave a message, please let me know; otherwise, I usually state my name, and leave a brief message. I ask that you return the call as soon as possible.

Electronic Communication and Confidentiality: My office phone is a cell phone. If we speak on the phone, or communicate via text or email, there is (as with any electronic communication) a small risk of interception by a third party. Your signature below constitutes full acknowledgement of this potential risk to your confidentiality, and a waiver of any liability on the part of Judith Mathews MFT for any breach of confidentiality resulting from electronic communication.

Litigation Limitation: Due to the confidential nature of the therapeutic process and the fact that legal proceedings often involve full disclosure of clinical information, you agree that neither you nor your legal representative will request disclosure of my psychotherapy records to be used in legal proceedings, or call me to testify in court or at any other legal proceeding.

I have read, understand and agree to abide by the office practices, limits of confidentiality, and financial arrangements as described in the consent form of Judith Mathews MFT.

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

____ (initials) I request a copy of this form
____ (initials) I have received a copy of this form