

Professional Disclosure and Treatment Contract

Purpose of This Document

The following document answers some of the commonly asked questions about my private practice. My hope in providing you with this document is that you will be informed about me as a therapist, the therapy that I provide, and some of the policies of my private practice in order that we can see if we are a good fit for one another. This document will also serve as a therapeutic contract. It contains your rights as client, as well as fee information. Remember, it is your right to have a complete explanation of therapy, so feel free to ask any questions during the therapeutic process.

Who am I?

My name is Lisa J. Johnson, PhD, LMFT. I am a Licensed Marriage and Family Therapist through the Counseling and Therapy Practice Board in the State of New Mexico. (#1710). I have been providing therapy to children, adolescents and adults since 1990 and I have worked for several agencies, most of which focus on children and their families. I am a Clinical Member of the American Association for Marriage and Family Therapy and a Certified Relationship Enhancement Counselor for Couples, and have completed training in Eye Movement Desensitization and Reprocessing.

How Long Will I See You?

The answer to this question largely depends on you and your goals for therapy. I commend people who have the courage to seek assistance when they feel that their lives are not where they would like for them to be. To me, seeking help is a sign of health, not pathology. I believe that everyone deserves to have positive relationships with themselves and those around them. To achieve this goal, we will work together to determine what the goals of therapy will be. Depending on the nature of the goals, we will decide realistically how short-term or long-term the therapy will be. For some, this may be a few sessions. For others, it may be several months or even years. However long it is, you will be part of this decision making process. Typically, I schedule 10 appointments at a time to hold space in my calendar for you, and to check for progress each time.

How Do I Contact You?

I am not available at various intervals during the week. If you need to contact me you can leave a message at (505) 288-2162. My goal is to return your call as soon as possible. However, my therapy practice is not set up for emergencies and I may not be able to return your call for several hours. If you need help sooner, please contact one of the following local services:

- Call 911 or 242-COPS for Albuquerque Police Department
- Suicide Hotline 247-1121 or Agora UNM Crisis Center 277-3013
- Domestic Violence 246-9240 or Rape Crisis Center 266-7711

Your Rights as a Client

As a client, you have a right to:

- Ask questions about the therapy process
- Stop therapy at any time without any obligations other than the costs accrued
- Confidentiality of information (within limits, see below)

The information from our sessions is confidential and will not be revealed to any other person or agency without the written permission of all parties signing this contract. When treating a couple or family, I cannot reveal any individual's confidences to another member of the treatment unit. If there are secrets revealed during therapy that I feel are detrimental to the therapeutic process I may ask the family member to reveal the secret as a condition of continuing therapy, and will assist the family member in doing so as a part of the therapy. However, there are certain situations that I am, by law, obligated to disclose, whether or not I have your permission. Although I am not required to inform you of my actions in this regard, I will make every effort to do so prior to it happening. The mandatory reporting situations are:

- If you threaten bodily harm to another person or yourself
- If you reveal information regarding the abuse or neglect of a child or vulnerable adult
- If a judge issues a court order (must be signed by the judge)
- If you are in therapy by order of a court of law

Fees and Contract

1. I agree to enter into a professional therapeutic relationship with Lisa J. Johnson, LMFT, LLC.
2. If I cannot attend a scheduled session, I will give 24 hours notice. If I do not give this notice, I understand that I will be required to pay for the session at FULL FEE. I understand that there are exceptions (such as illness or poor weather), and we will discuss these if needed. **If I fail to give 24 hours notice for cancellations three times throughout the course of therapy**, services may be discontinued and referrals will be given for another provider.
3. **I agree to pay \$125 plus tax at the beginning of each session, unless insurance verification and coverage has been arranged with the provider in advance.** In this case, Copayments are expected at the time services are provided. I understand that the provider has a right to change fees with 30 days notice.
4. Several insurance company contracts require that the therapist file for insurance and collect only the co-payment. It is my obligation to understand my insurance benefits, limitations and exclusions, and to inform the therapist of any changes to insurance that may affect payment. I understand I may be obligated to pay for services rendered if the insurance company denies payment for any reason.
5. I understand that the therapist may engage a collection agency and/or other legal measures to recover any unpaid balance, but will give me reasonable notice before taking any such action. I also understand that if any such actions are taken, the therapist will not reveal any clinical information during these procedures.
6. I understand that I can submit forms to my insurance company and may be eligible to receive reimbursements from them. Since this may require a clinical diagnosis, I understand that my therapist will discuss what this diagnosis is, and what it means, so I can make an informed decision before submitting it to the insurance company.
7. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligations other than those already accrued.
8. I have reviewed the Lisa J Johnson’s Social Media Policy regarding use of email, text and social media communications. I understand my rights as a client, and accept the responsibility for any electronic communications as stated. I have been offered a printed copy of the Social Media Policy and all questions regarding these policies have been answered to my satisfaction.
9. I understand that electronic resources may be used for billing purposes and health records. Although these programs are HIPAA compliant and highly secure, I understand that there is a slight chance of a privacy breach using any electronic technology; however every effort is being made to protect my private and confidential information. I may receive email or text appointment reminders and satisfaction survey if I provide my email address or mobile phone number. I can opt out of these courtesy reminders by notifying my provider.

All these documents are available at www.LisaJohnsonLMFT.com under the “Helpful Forms” tab.

By signing below I am indicating that I have read this document, understand my rights as a client, and accept the responsibility to abide by this contract as stated. I have been provided a copy of the Office Privacy Policies and Procedures and all questions regarding these policies have been answered to my satisfaction. I understand that all participants who sign below retain control of their confidentiality and no information about their participation in therapy can be released without all participants’ permission.

Name: _____	Date: _____
Therapist: _____	Date: _____