

# Christy Stewart MA, LAC

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## Therapist-Client Agreement Informed Consent

This agreement has been prepared to help the clients (and client guardians) of Christy Stewart MA, LAC understand how the business office operates with respect to the therapist-client relationship. Please read all of the information contained in this document. Your initials and signature will serve as confirmation that the terms are understood and agreed upon.

### Confidentiality Policy

\_\_\_\_\_It is essential for each client to be open and honest in the course of therapy to promote a positive clinical outcome. In order to develop a relationship or caring and trust client records will remain confidential unless otherwise instructed in writing by the client (the guardian of the client), if subpoenaed by a court of law, or if disclosures fall under the therapist's duty to warn clause listed below (Informed Consent).

### Informed Consent

\_\_\_\_\_As Christy Stewart MA, LAC is licensed by the Arizona Board of Behavioral Health Examiners, she is ethically obligated to report to local authorities victim disclosures of sexual abuse, physical abuse and neglect. It is the responsibility of the local authorities to investigate into the disclosures.

\_\_\_\_\_As Christy Stewart MA, LAC is licensed by the Arizona Board of Behavioral Health Examiners, she is ethically obligated to report to those parties best able to keep the client safe, disclosures of intent to commit severe self harm or suicide.

\_\_\_\_\_As Christy Stewart MA, LAC is licensed by the Arizona Board of Behavioral Health Examiners, she is ethically obligated to report to local authorities or said individuals disclosures of plans to commit acts of violence.

\_\_\_\_\_ I do understand that all other information discussed in therapy is the business of the client and therapist. Parents or guardians inquiring into what is discussed between Christy Stewart MA, LAC, and the client will need to set up a family session so that the client can disclose that information him/herself if he or she is ready to do so.

### Payment Policy and Terms

\_\_\_\_\_Payments for therapy services are required **at the beginning of the session** at the time of service. I then understand that this is the first item of business to ensure that both the client and therapist can focus solely on the session as it begins.

\_\_\_\_\_The office accepts electronic payments, cash, checks and money orders. A receipt and invoice will be given for each session for your records. Checks made out to Christy Stewart MA, LAC **PLLC** are accepted unless a history of returned checks have been established. Christy

Stewart MA, LAC has the right to require cash or money order after one incident of returned check payment.

\_\_\_\_\_I understand that billing is not an option at this time, even for weekly appointments and all payments are required at time of service.

\_\_\_\_\_I understand that the fee for the initial visit is \_\_\_\_\$100\_\_\_\_ and \_\_\_\_\$100\_\_\_\_ for each therapy hour following. Christy Stewart MA, LAC will provide me notice in writing if the fee should change 2 weeks to the effective date of change.

\_\_\_\_\_Late arrivals will be charged for the full scheduled session.

\_\_\_\_\_I understand that failing to attend a session without calling to cancel more than 24 hours ahead will result in a \$100 cancellation fee at the beginning of the missed appointment.

### **Cancellations or Notice of Late Arrival**

\_\_\_\_\_I agree to call and leave a message on the voicemail of Christy Stewart MA, LAC (602-730-2988) if I need to cancel the session 24 HOURS prior to scheduled time. Not doing so will not result in a cancellation fee. I will make sure to note on the message if I would like a call back to reschedule the session.

\_\_\_\_\_I am aware that since Christy Stewart MA, LAC is in the business of compassion, I can call if I am going to be late and leave a message on the voicemail 602-730-2088. I do understand that it will not always be likely for Christy Stewart MA, LAC to extend the session time to make up for time missed.

\_\_\_\_\_I am aware that if Christy Stewart MA, LAC not received a late call 15 minutes after the scheduled start time of the appointment that she will not be available for the remainder of the scheduled session time.

### **Termination Policy**

\_\_\_\_\_If a client should decide to discontinue therapy, this will be discussed in session before doing so.

\_\_\_\_\_ Christy Stewart MA, LAC reserves the right to terminate any client who violates treatment protocol, is generally non compliant, violent or who willfully disregards treatment objectives that support positive clinical outcomes.

\_\_\_\_\_If termination should be in the best interest of the therapist-client relationship, this will be discussed in session and a referral will be given by Christy Stewart MA, LAC as she supports continued mental health services.

## Emergency Contacts

\_\_\_\_\_I understand that Christy Stewart MA, LAC provides outpatient counseling for clients. I therefore understand that if I am in crisis I can call 911 or the following crisis hotlines if I am need of immediate assistance: **988 or (602) 222-9444**.

\_\_\_\_\_I agree that if I call the voicemail of Christy Stewart MA, LAC (602-730-2088) I will leave a **detailed message of the nature of the emergency as well as the time of left message** and she will return my call when she is able to give her full attention to the matter. I understand that not leaving a detailed message and simply requesting a returned call will result in a returned call during normal business hours.

## Consent to Treat

I, \_\_\_\_\_ by signing this document hereby give consent to Jodi L. Stone MA, LPC to provide treatment in the form of therapy service to

\_\_\_\_\_. I agree to follow the treatment plan developed together in sessions to follow.

I have read, understand and accept the provisions of this agreement, and have no questions about the policies outlined herein. I understand that if I violate any provision of this agreement, my treatment may be terminated. The original copy of this agreement will become part of my private medical record.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christy Stewart MA, LAC

\_\_\_\_\_  
Date