This contract describes the professional services and practices of S. KATRINA CURRY, LMFT, RMFT, RCC, RCAT (referred in this document hereafter as S. KATRINA CURRY).

This document outlines rights and responsibilities of client and therapist, terms of engagement, and establishes shared agreements. It is a boundaries-clarification, so that we are both on the same page in understanding expectations and policies. This clarity helps the therapeutic relationship run more smoothly.

Please Note:

By signing this contract, you agree to enter into a psychotherapy relationship with S. KATRINA CURRY and agree to the terms outlined within; it is important that you read carefully and thoroughly. We can discuss any questions you have at your next appointment.

When you sign this document, it will represent a binding agreement between us. The agreement is binding unless/until we have agreed in writing to change our terms.

You may revoke this Agreement in writing at any time; that revocation will bind S. KATRINA CURRY to a ceasing of the Agreement, unless you have not satisfied financial obligations you have incurred, or until we have agreed in writing to change our terms.

S. KATRINA CURRY is a Licensed Marriage and Family Therapist in California, a Registered Marriage and Family Therapist in Canada and British Columbia, a Registered Clinical Counselor in BC, a Registered Canadian Art Therapist, a Certified Sensorimotor Psychotherapist, and Approved Sensorimotor Psychotherapy Consultant.

S. KATRINA CURRY provides psychotherapy to individuals, couples, families, and groups. S. KATRINA CURRY is legally permitted to work with clients in California, USA and British Columbia, Canada.

Some additional US States and Canadian Provinces provide waivers and/or licensing reciprocity agreements with clinicians licensed in California/registered in Canada, which may provide legal permission for S. KATRINA CURRY, LMFT/RMFT work with those outside California and British Columbia. Prior to signing this agreement, we will secure the legality of proceeding together as client and therapist.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is a relationship that places the psychological support, healing, learning, growth, and development of the client at the center. The nature of this relationship, and the modalities used, varies depending on the personalities of the therapist and client and the areas of focus prioritized. Psychotherapy requires the client’s active engagement and is most successful when clients engage with and work with the practices we develop together –both during and outside of our sessions. You have a right to participate in Treatment Planning, along with revision & review of the plan.

Participation in psychotherapy is entirely voluntary.

**RISKS AND BENEFITS OF THERAPY**

Psychotherapy involves change, which may sometimes feel unnerving, not only to you but also to those people close to you. At times you may feel more vulnerable, or your sense of equilibrium or emotional balance may feel temporarily disrupted. Since psychotherapy often involves discussing distressing aspects of your life, you may experience feelings like anger, sadness, guilt, shame, frustration, loneliness, and helplessness.

On the other hand, psychotherapy can help you recreate equilibrium, integrate change, aid you in discovering tools and techniques to support your mental health, deepen your resilience, and improve the quality of your life and your relationships. You may discover solutions to specific problems and experience significant reductions in feelings of distress.

It is important to recognize that there are no guarantees of what you will experience.

As the client you have the right to ask questions of your therapist about their professional qualifications, the treatment plan, process, or treatment methods at any time. As a client you have a right to decide to discontinue psychotherapy at any time. Your therapist also has the right to discontinue psychotherapy. Termination policies are covered further on in this document.

**TYPE OF PSYCHOTHERAPY SERVICE**

It is important that the type of therapy clients prefer aligns with the type of therapy their therapist provides.

S. KATRINA CURRY offers experiential forms of psychotherapy: sensorimotor psychotherapy, mindfulness-based present moment experiencing and present-moment metabolizing of trauma and stress, experiential work with somatic resources, present-moment working with and working through grief and anxiety and depression, experiential methods for relaxing and enlivening the nervous system, experiential methods for helping people shift their way of organizing around life-experience. S. KATRINA CURRY offers somatic psychotherapy, somatic movement therapy, art therapy, play and drama in therapy, writing in therapy, movement-based expressive arts therapy, and dance in therapy. Her work is creative, somatic, and experiential, to foster healing, growth, enlivening, deepening of relationships, and resilience-building.

S. KATRINA CURRY does not provide traditional talk therapy or crisis therapy.

**INTAKE AND COLLABORATIVE EVALUATION PROCESS**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss our impressions of what our work will include. We will compose a treatment plan, collaboratively, if you decide to continue therapy. In these early sessions clients are advised to evaluate whether you feel comfortable working with me as your therapist. Psychotherapy involves a large commitment of time, money and energy so it is important to be diligent about the therapist you select. If you have questions about my procedures, please discuss them with me. You can refuse any recommended treatment and/or withdraw consent to treat at any time.

MEETING/SCHEDULING

An evaluation will last from 2 to 4 sessions. During this time, we will decide if I am the best person to provide the services you need to meet treatment goals.

I define a therapy hour session as a 50-minute appointment that includes therapy, scheduling, and a payment transaction. This is fairly standard in the psychotherapy field. Clients will typically schedule one 50-minute session per week, however, we can schedule more/less frequent or longer sessions if needed – twice weekly or every other week options are available.

In my practice I follow a model of repeating days and times for appointments for clients, as much as possible. This helps clients organize around their days/times and makes it easier for my practice to remain organized.

Adjusting the time slot: either client or therapist can propose a change to the scheduled day and time, to accommodate arising needs, either for one time, or to permanently change to a new time. S. KATRINA CURRY cannot guarantee a new time slot to clients who want to adjust their repeating day/time; this possibility will depend on availability in the schedule and feasibility of this adjustment will be determined by the therapist.

Once an appointment is scheduled, you will be expected to pay for the time *unless you provide 48 hours advance notice for cancellation,* or unless you and I both agree that you were unable to attend due to emergency circumstances beyond your control.

For those planning on being reimbursed from an insurance company: please note that insurance companies will not reimburse you for cancelled sessions.

To cancel, schedule, or reschedule an appointment, please make use of the online scheduling system on my website. If you are cancelling with less than 48 hours’ notice, please cancel via email at [info@katrinacurry.com](mailto:info@katrinacurry.com).

TAKING A BREAK FROM THERAPY AND RETURNING AGAIN

Sometimes clients prefer to take a break for a while from psychotherapy. When this feels like the right course of action for a client, we will pause our work together to give space for what is needed in the clients’ life.

Please note that S. KATRINA CURRY cannot hold a therapy spot open in her practice for clients who prefer to pause for a while and cannot guarantee that there will be space available when they decide they are ready to return to therapy.

Note that the access to the online booking calendar for psychotherapy appointments is for current clients only. Prior clients who would like to return are welcome to reach out via email to [info@katrinacurry.com](mailto:info@katrinacurry.com) and inquire whether there is current space available to begin again.

Prior clients are also welcome to apply to register for a group if there is no 1-1 space available.

BILLING AND PAYMENTS

* The fee for psychotherapy service is ­­­­­­­$225 US dollars for a 50-minute session for individuals and $250 for couples and other dyads.
* S. KATRINA CURRY reserves the right to raise her rates periodically, providing 30 days’ notice. If your therapist decides to raise her rates, you have the right to decide whether to continue working with this therapist.
* Sessions longer than a 50-minute hour are prorated at the hourly fee.
* It is the responsibility of the client to pay for each appointment, on the day of service.
* Payment can be tendered by direct billing to your credit card, or by paypal, venmo (in the USA), or etransfer (in Canada).
* Though this has not yet been necessary in my practice, it is important to state that delinquent accounts may be referred to a professional agency for collections if an account cannot be settled within 60 days. Please be advised this would require me to disclose confidential information – such as your name, the nature of services provided, the amount due, and your contact information.
* S. KATRINA CURRY can provide a receipt for payment or a superbill for clients upon written request to: [admin@katrinacurry.com](mailto:admin@katrinacurry.com).

INSURANCE PAYMENTS, RECIEPTS, AND SUPERBILLS

* S. KATRINA CURRY does not accept insurance payments. This means that clients pay out of pocket for psychotherapy services. If you wish your insurance provider to reimburse you, you must first pay for your services out of pocket and then bring your receipt or superbill to your insurance provider for reimbursement.
* Upon payments for service by credit card, a receipt is automatically sent to you. If you pay via paypal, venmo, or etransfer and you require a receipt, email [admin@katrinacurry.com](mailto:admin@katrinacurry.com). This email is tended by my partner James Curry, who is a Licensed Professional Clinical Counselor offering book-keeping services.
* If you require a superbill for your insurance company, with a diagnosis code, we will first spend time *during a session* completing diagnostic assessment.
  + Please note, we bill for the service of composing the superbill, in 10-min increments of time, prorated at my hourly fee.

EMAIL AND TEXT COMMUNICATIONS

* Email and text communication is for brief contacts.
* When there are things to process, we will make use of session time to process them.
* Sometimes it is important to process things happening in the therapeutic relationship, such as: textures of frustration, disappointment, entanglements, needs, preferences, confusions, etc. If this should arise, we will make use of paid session time to process and tend the relationship. Processing this type of content is part of psychotherapy and will not be conducted via email or text.
* Sometimes clients may feel a desire to fill the therapist in on details in their own life via email. Or parents of minor clients may feel a desire to communicate with the therapist about details occurring in their child’s life, via email. This content is part of psychotherapy and is best communicated during a paid session and not through email or text.
  + Note that S. KATRINA CURRY may or may not have time in her workday to read the contents of a lengthy email, and responding through email takes energy, thoughtful care, and time.
  + S. KATRINA CURRY will bill for the time spent reading such communications and responding to them.

CONFIDENTIALITY

One of the important rights you have as a client involves confidentiality.

With certain exceptions, communications between a client and therapist are protected as private by law.

There are certain situations in which your therapist is permitted to disclose information to others; some of these situations require only that you provide written, advance consent.

Your signature on this agreement document provides consent for the following activities:

* Therapists are permitted to consult with other practitioners to ensure they are providing the best possible care. No identifying information is shared during consultation. These practitioners are psychotherapists who are also bound by law to maintain confidentiality.
* In addition, you should be aware that I practice as an independent psychotherapist. I need to share protected health information with my billing partner for administrative purposes. He is also a licensed psychotherapist (a Licensed Professional Clinical Counselor) trained in protecting client privacy and understands he may not release any information outside of my practice without written permission.

There are additional situations where your therapist is permitted by law to disclose information only with your explicit, specific written authorization, through a Consent To Release of Information Authorization Form. These include:

* If you compose a written request on the Consent to Release of Information Authorization Form, then specified information can be disclosed to the specific people or organizations you name on the form.
* If you are involved in a court proceeding and a request is made for information concerning the professional services, I have provided you, such information is protected by the psychotherapist-client privilege law. I can only provide any information with your or your legal representative's written authorization (or a court order from the judge).

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

* If a client files a complaint or lawsuit against me, I am permitted to disclose relevant information in order to defend myself.
* If I am court-ordered by a Judge to release information I am required by law to comply. (If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information).
* If a client files a worker's compensation claim and I am providing services related to that claim, I am required, upon appropriate request, to provide appropriate reports to the Workers Compensation Commission for the insurer.

In addition, it is important to understand that psychotherapists are *mandated reporters*. As such, there are situations in which I am legally obligated to take actions in an attempt to protect others from harm which require that I reveal information about a client’s treatment. These situations are rare in my practice, but they do occur. Such situations include:

* If a client makes a disclosure that provides a reason to believe that a child under 18 is or has been the victim of emotional or physical abuse, sexual abuse, neglect, or deprivation of necessary medical treatment, the law requires that I file a report with Child Protective Services or the local police department. Once such a report is filed, I may be required to provide additional information.
* If a client makes a disclosure that provides a reason to believe that an adult who is either vulnerable, dependent, incapacitated, or who is an elder, has been the victim of abuse, neglect, or financial exploitation, the law requires that I file a report with the appropriate official, a protective services worker. Once such a report is filed, I may be required to provide additional information.
* If a client communicates an explicit threat or imminent physical harm to a clearly identified or identifiable victim, and I believe that the client has the intent and ability to carry out such a threat, the law requires that I take protective actions which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If such situations arise, I make every effort to discuss it with my client before taking any action and I limit my disclosure to what is necessary.

COLLATERAL CONSULTATIONS

* Sometimes clients find it helpful for their therapist to consult with other providers to support their wellness and growth, such as with a psychiatrist, lawyer, or a previous or current psychotherapist. I can provide this service. Please be advised that I will bill for this time at my hourly rate of $225 US.
* Sometimes clients request letters to courts, or to treatment programs, to schools, or other providers, or other paperwork to coordinate care. When this is helpful for your care, I can support your process in this way. Please be advised that I will bill for my time at my hourly rate of $225 for this service.

COURT INVOLVEMENT

In the event that you are involved in a court case in which you request my involvement as an expert witness, such as for custody resolution for example, please be advised that my rate for the day is $2500 US, *to be paid prior to attendance*.

PROFESSIONAL RECORDS

I keep health record documentation in accordance with California and BC laws. I maintain a Clinical Record and may keep a separate set of Psychotherapy Notes. Please be advised that the law states that the Clinical Record and Psychotherapy Notes are owned by the practitioner, though the client may request access to the Clinical Record.

*Under California law*, a therapist has three (3) options to respond to a patient’s request to either inspect or receive a copy of his or her record. A provider shall do one of the following:

1. Allow the patient to inspect or receive a copy of his or her Clinical Record;
2. Provide the patient with a treatment summary in lieu of providing a copy of the Clinical Record; or,
3. Decline the patient’s request (more on this below\*).

*Under Canadian common law* a client or a client’s legal guardian has the right to access all information that a health professional has on file that was used in the provision of treatment, to inspect and copy all information in the client’s file, unless there is a significant likelihood that disclosure of the information would cause (a) a substantial adverse effect on the client’s physical, mental or emotional health, or (b) harm to a third party. The right of access is not absolute, but instead subject to the discretion of the clinician to withhold access if there is significant risk of harm to the client or third party. The client is entitled to reasonable access to examine and copy the records, provided the patient pays a legitimate fee for the preparation and reproduction of the information.

Your Clinical Record

* This record may include an intake document that describes in brief your reasons for seeking therapy, your diagnosis if any, any goals we set for treatment, progress toward those goals, some data about your medical and social history, our treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, billing records, and reports and letters that I have sent to anyone on your behalf.
* Except in unusual circumstances that involve danger to you/others, you may examine and/or receive a copy of your Clinical Record (within 15 working days) or a Summary of Treatment (within 10 working days) after making a request in writing.
* Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents.
* I am allowed to charge a copying fee of $.25 per page. If the copying of requested records exceeds 5 minutes, I will prorate my time in 10 minutes increments at my hourly rate.
* \*If I refuse your request for access to your records you have a right of review which I will discuss with you upon request.

Psychotherapy Notes

* These Notes are for my own use, to support my work with you, and are designed to assist in providing you with the best treatment.
* While the contents of Psychotherapy notes vary from client to client, they can include a more detailed account of the contents/analysis of our conversations, interventions we worked with, home practice decided upon, and how these aspects of interventions impact your therapy.

My Clinical Records and Psychotherapy Notes are securely stored; any electronic records are password protected.

In the event of my death and incapacitation, I have appointed a professional colleague to act on my behalf to notify you and make decisions about storing, releasing and/or disposing of my professional records. The colleague I have appointed is my business partner: JAMES CURRY, LPCC, Licensed Professional Clinical Counselor in California, james@folsomtherapy.com 916-337-2048.

TELEHEALTH

S. KATRINA CURRY offers psychotherapy through Telehealth - a mode of delivering health care services via communication technologies (e.g. Internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. In this work S. KATRINA CURRY makes use of the platform Zoom.

By signing this form, I understand and agree to the following:

1. I have a right to confidentiality with regard to my treatment and related communications via Telehealth under the same laws that protect the confidentiality of my treatment information during in-person psychotherapy. The same mandatory and permissive exceptions to confidentiality outlined above also apply to my Telehealth services.

2. I understand that there are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my psychotherapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.

3. I understand that miscommunication between myself and my therapist may occur via Telehealth.

4. I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.

5. I understand that at the beginning of each Telehealth session my therapist is required to verify my identity.

6. I understand that in some instances Telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed – which may involve referral to other therapists who can provide such services.

7. I understand that while Telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that Telehealth is effective for all individuals. Therefore, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

8. I understand that some Telehealth platforms allow for video or audio recordings and that *neither I nor my therapist may record the sessions without the other party’s written permission.*

9. I have discussed the fees charged for Telehealth with my therapist and agree to them.

10. I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance. I have read and understand the information provided above, have discussed it with my therapist, and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

COMMUNICATIONS

* Clients are welcome to leave a brief message through text or through email.
* In the US my cell number is 916-337-9901
* In Canada my cell number is 778-679-1617
* My email address is [info@katrinacurry.com](mailto:info@katrinacurry.com)
* If you would like a return call or email, please note this clearly, and leave your contact information, along with a message concerning the nature of your inquiry.
* Please note that phone calls and emails are returned during weekdays only -- Mon through Fri. I do my best to return communications within 48 hours on business days. If you reach out on a Friday, I may not be able to respond until the next business day, Monday. There are times when I receive a large volume of emails, and it may take longer to respond.

PSYCHOTHERAPY VS. CRISIS SUPPORT

Please note that S. KATRINA CURRY provides psychotherapy, which is different from crisis response services. Crisis response is a short-term type of support for stabilization of acute mental health crisis. Psychotherapy is longer-term support to untangle underlying sources of distress, build resilience, foster deeper-order changes, and deepen well-being.

* If you are in an acute mental health crisis, psychotherapy is not the appropriate support service – crisis support and/or emergency support services are.
* If you experience a mental health emergency, such as suicidal ideation, homicidal ideation, or psychosis, call 911 or go to the closest emergency room.
* In the event that a mental health emergency arises, you agree to let me know of your situation once you have called 911, once you have arrived at emergency services, or once you are stabilized in inpatient care.
* I will help connect you with crisis support services for follow up actions should that be helpful and/or necessary once you have left inpatient support.
* Once clients are stabilized and no longer in crisis, psychotherapy can begin again.

In a non-emergency mental health crisis, you can also call the national 24-hour Crisis Lines.

In the USA,

the National Mental health Crisis Line is: 1-800-273-8255

Trans Lifeline: 1-877-565-8860

The Trevor Project: 1-866-488-7386 (GLBTQ youth crisis support)

In Canada,

the National Crisis Services line: 1-833-456-4566

The Kids Help Phone at 1-800-668-6868

The Transgender Crisis Line: 1-877-330-6366

Or Hope for Wellness for Indigenous-centered support: 1-855-242-3310

A NOTE ABOUT SAFETY:

* Psychotherapy is focused on creating meaningful psychological change. For this type of work to be possible, clients must have their basic needs for relative safety met in their day-to-day lives (as much as is possible).
* Without this sturdier foundation psychotherapy is not appropriate or possible; instead, a combination of crisis counseling, mental health advocacy, legal advocacy, crisis shelter, and/or longer-term safe housing supports, are needed.
* S. Katrina Curry does not provide crisis-focused counseling; her work focuses on experiential psychotherapy for deeper psychological change, growth, and transformation.
* In a situation where you need primary support around basic safety as the focus of treatment, I will provide a referral to more appropriate crisis resources focused on restoring basic safety. After the acute crisis has resolved and foundational safety has been re-established psychotherapy can continue.
* If you discover that you are in an abusive relationship, an abusive living situation, or are engaging in self-harming behavior, we can develop a safety plan or harm reduction plan for you to implement which will draw upon additional supports where that is helpful – including crisis counseling and crisis stabilization work.
* It is the client’s responsibility to follow through on the safety plan or harm reduction plan to develop a sturdier foundation upon which psychotherapy can rest.

TERMINATION and CLOSURE:

* You or your representative has the right to terminate therapy at your discretion.
* It is the client’s responsibility to ensure that *all fees are paid before termination*.
* S. KATRINA CURRY also has the right to terminate therapy at her discretion.
  + Reasons for therapist-led termination may include but are not limited to the following:
    - differences in preferred treatment modality – for example, the client prefers traditional talk therapy
    - conflicts of interest
    - client needs are outside the therapist’s scope of competency, or scope of practice
    - inability to find a mutually agreeable time to meet,
    - client repeatedly arrives late to the appointment, repeatedly cancels within the 48 hour notice window, or repeatedly no-shows (more on this below)
    - untimely payment of fees
    - if the therapy offered does not seem to be benefiting the client,
    - or if client and therapist no longer seem to be a good therapeutic fit,
    - client behaves in a rude, aggressive, bullying, or abusive manner.

Upon a decision to terminate therapy, by either party, it is best practice for client and therapist to participate in at least one terminating session to offer an opportunity to reflect on the work that has been done and create a bridge to what comes next for the client. However, if a client behaves in a rude, aggressive, bullying, or abusive manner or refuses to pay for services rendered no further concluding sessions will be offered.

ARRIVING ON TIME, SHOWING UP FOR APPOINTMENTS

* I am interested to work with folks who are motivated to work together, and who treat our time together with value.
* Arriving on time and showing up for times we book together is important for the work we are doing and also for maintaining a healthy relationship of mutual respect.
* Of course, sometimes client or therapist may be running late. Sometimes events are beyond our control or an emergency situation arises. In such events, we agree to let each other know what is happening in a timely manner.
* We will endeavor to arrive on time ready to begin at our scheduled appointment time.
* If a pattern develops of clients repeatedly arriving late to the appointment, repeatedly cancelling within the 48-hour notice window, or repeatedly forgetting or not showing up for the appointments, we will discontinue our work together.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION PROVIDED IN THIS CONTRACT (11 pages total).**

**Adult Client legal name (Print) Preferred Name Signature Date**

**Adult Client legal name (Print) Preferred Name Signature Date**

**This contact was reviewed with the client named above during their appointment on \_\_\_/\_\_\_/\_\_\_, (month/day/year) and a copy of the document was provided to the client.**

**­­­­­­­­Composed by S. Katrina Curry Last Updated January 18, 2023**