

**PROFESSIONAL SERVICES CONTRACT WITH KERIN LOGSTROM, M.A., LMFT
AND
INFORMED CONSENT TO TREAT**

This document contains important information about my professional services and business policies. Please read it carefully and note any questions you may have so that we can discuss them. When you sign this document, it represents an agreement between us.

PSYCHOLOGICAL SERVICES

I provide individual, couples, and family psychotherapy, however, psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems presented. There are many different methods that I may use to deal with the problems that you hope to address. Psychotherapy is different from a typical medical doctor visit – it calls for an active effort on your part. In order for therapy to be the most successful, you will have to work on things we talk about both during our sessions and at home. When working with couples and families, it is my policy to use my professional discretion deciding whether secrets shared by one individual need to be shared with one's partner or the rest of the family. In all cases where I determine that a secret needs to be shared, I will work with the secret bearer to disclose that information themselves. If they refuse, then I will have to disclose the secret.

Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress – but, of course, there are no guarantees of what you will experience. Our first few sessions will involve evaluation of your needs. By the end of that initial period, I will be able to offer you some first impressions of what our work will include and a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Psychotherapy includes a commitment of time, money, and energy, so you should be very careful about the psychotherapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I would be happy to help you set up a meeting with another mental health professional for a second opinion or make a referral to another professional.

MEETINGS

The initial evaluation period typically lasts from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Psychotherapy is typically one 45-50 minute session per week at a time we agree upon, although sessions may be more frequent or longer. Please see my separate cancellation policy.

PROFESSIONAL FEES

My hourly fee for psychotherapy is \$155 per 45-50 minute session. In addition to regular appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$150 per hour for preparation and \$200 hourly for attendance at any legal proceeding. These fees are subject to periodic increases.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree on another method of payment. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going to small claims court. If such legal action is necessary, its costs will be included in this claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. For ease of payment, I accept cash, check, and on a limited bases credit card payments pursuant to my credit card authorization form. In the event that your check is returned for Non-Sufficient Funds (NSF) you will be charged the associated bank fee and a \$35.00 handling fee.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with a client. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return a call on the same day, with the exception of weekends and holidays. If you are unable to reach me and you feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist, psychiatrist, or other mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in emergencies.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you. Because these are technical, professional records, I recommend that we review them together so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent responding to such information requests.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them

only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment if they request it. Before giving them any information, I will discuss the matter with you, if possible, to do my best to handle any objections you may have with what I am prepared to discuss.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of Client or Guardian

Date