



1. 2025 Revised Integral Therapist Consent, Policies & Agreement

THERAPEUTIC PROCESS:

BENEFITS/OUTCOMES: The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase relational harmony and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

EXPECTATIONS: In order for clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the therapy process, we identify goals, review progress, and modify the treatment plan as needed.

RISKS: In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

STRUCTURE OF THERAPY

- Intake Phase – During the first session, therapeutic process, structure, policies and procedures will be discussed. We will also explore your experiences surrounding the presenting problem(s).
- Assessment Phase – The initial evaluation may last 2-4 sessions. During this assessment phase, I will be getting to know you. I will ask questions to gain an understanding of your worldview, strengths, concerns, needs, relationship dynamics, etc. During this relationship building process, I will be gathering a lot of information to aid in the therapeutic approach best suited for your needs and goals. If it is determined that I am not the best fit for your therapeutic needs, I will provide referrals for more appropriate treatment.
- Goal Development/Treatment Planning – After gathering background information, we will collaboratively identify your therapeutic goals. If therapy is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents). Once each goal in court ordered therapy is reached, we will sign off on each goal and you will receive a copy.
- Intervention Phase – This phase occurs anywhere from session two until graduation/discharge/termination. Each client must actively participate in therapy sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed and goals adjusted as needed. Specialized treatments such as EMDR (eye movement desensitization and reprocessing) and hypnosis are available in appropriate circumstances, which we will discuss, as treatment and assessment progress.

- Graduation/Discharge/Termination – As you progress and get closer to completing goals, we will collaboratively discuss a transition plan for graduation/discharge/termination. If you do not return to therapy after more than three (three) weeks and have not communicated with my office, I will deem your actions to reflect an intention to terminate services and your file will be closed and all accounts rectified. Archiving of files by the therapist also represent the therapist's understanding from communications that you, as client, have not continued to participate in therapy, and will be deemed a discharge. You may return for services by communicating with me and requesting an appointment.

LENGTH OF THERAPY

Therapy sessions are typically weekly or biweekly for 50 minutes depending upon the nature of the presenting challenges. It is difficult to initially predict how many sessions will be needed. We will collaboratively discuss from session to session what the next steps are and how often therapy sessions will occur.

APPOINTMENTS & CANCELLATIONS

You are responsible for attending each appointment and agree to adhere to the following policy: If you cannot keep the scheduled appointment, you **MUST** notify our office to cancel or reschedule the appointment within 24 hours of the scheduled appointment time, failing which you will be held financially responsible for the full session charge. If you cancel or rescheduled more than once, we may re-evaluate your needs, desires, and motivations for treatment at this time.

Psychotherapy is a uniquely personal service; therefore, consultations may be briefly interrupted. I may periodically take time off for vacation, seminars, and/or become ill. Attempts will be made to give adequate notice of these events. If I am unable to contact you directly, a colleague may contact you to cancel or reschedule an appointment.

FEES

Couples therapy: The typical fee for each 50-minute couples therapy session is \$200. My initial evaluation lasts 80 minutes and costs \$250. Payment is due at the time of service.

Individual Therapy: The typical fee for each 50-minute individual therapy session is \$200. My initial evaluation lasts 80 minutes and costs \$250. Payment is due at the time of service.

Acceptable forms of payment are exact-amount cash, check (insufficient-funds checks will be returned upon full payment of the original amount plus \$20 for any returned check), most major credit cards, Venmo and PayPal. In the event that a scheduled appointment time is missed or cancelled less than 24 hours, please refer to the "Appointments and Cancellations" policy above.

The clinician reserves the right to terminate the counseling relationship if more than two (2) sessions are missed without proper notification. The clinician charges his/her hourly rate in quarter hours for phone calls over 15 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed.

TRIAL, COURT-ORDERED APPEARANCES, LITIGATION

Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. A therapist's involvement in court proceedings may impact the ability to protect your confidentiality, which you should discuss with an attorney. If you become involved in legal proceedings that require my participation, you are responsible to reimburse me for my professional time, even if I am called to testify by another party. Because of the complexity of participating in legal proceedings, I charge \$1,000 per hour for preparation and attendance at any legal proceedings. Payment for other professional services will be negotiated

when you request them ("court rate").

If I am called into court by you or your attorney, I will charge my court rate for all time spent on your matter, including travel time, court time, time preparing and reviewing documents, preparing for testimony, researching scope of services and ethical duties, etc. This fee will be charged and due whether I actually testify or not. Additionally, my court rate will be charged for all time spent resolving or negotiating matters related to my appearance or testimony, including time spent responding to subpoenas.

COPIES OF MEDICAL RECORDS

Should you request a copy of your medical records, the cost is \$1.50 per page. Payment for your medical records will be due prior or upon receipt and can be picked up at the office. Please allow at least 2 weeks to prepare medical records.

PHONE CONTACTS AND EMERGENCIES

Office hours are by appointment only. If you need to contact the clinician for any reason please call 954-247-8120, leave a voicemail, and a return call will be made within 24 Hours or as soon as possible). In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255. If either you or someone else is in danger of being harmed, dial 911. If you have thoughts of suicide, call the 988 Suicide and Crisis lifeline. Dial 988.

Contacting me: I do not answer the phone when I am with clients. I will return your call as soon as possible (usually within a few hours and almost always within 24 hours). If you are difficult to reach, please leave me times you will be available. When I may need to call or leave a message for you, please let me know in advance if I need to be more discreet than simply leaving my name and phone number. If I will be unavailable for an extended time, I will provide you with the name of a colleague as an emergency contact in my absence.

PART II: CONFIDENTIALITY

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, except for the following limitations:

- **Child Abuse** - Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse** - Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm**: Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others**: Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas**: If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.
- **Court Ordered Therapy**: If therapy is court ordered, the court may request records or documentation of participation in services. I will discuss the information and/or documentation with you in session prior to sending it to the court.

- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual “psychotherapy/process notes”, except if the third party is part of medical. If therapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, I reserve the right to provide the necessary documentation (i.e. your signature on the “Therapy Consent & Agreement” that covers the cancellation policy to your bank should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted.
- **Couples Counseling & “No Secret” Policy:** When working with couples, all laws of confidentiality exist. I request that neither partner attempt to triangulate me into keeping a “secret” that is detrimental to couple’s therapy goal. Toward that end, I ask each of you to sign a release. If one partner requests that I keep a “secret” in confidence, I may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive.
- **Dual Relationships & Public:** Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (ie: social, business, or friendship). If we run into each other in a public setting, I will not acknowledge you as this would jeopardize confidentiality. If you were to acknowledge me, your confidentiality could be at risk.

*Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.

- **Electronic Communication:** If you need to contact me outside of our sessions, please do so via phone.

o Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist–client relationship. Texting is not a substitute for sessions. Texting is not confidential. Phones can be lost or stolen. **DO NOT** communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client’s phone.

o Do not use e-mail for emergencies. In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please call to book an appointment. E-mail is not confidential. Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record.

- **Sessions Outside the Office:** From time to time, clients like to meet in an alternate location (i.e. their home, in public, or somewhere more conducive for them). We may be able to accommodate this request, however, this can put your confidentiality at risk).

EMERGENCY CONTACT (Include Name, Phone No., Email or Other Contact Info):

I agree to Therapist utilizing my Emergency Contact Information when necessary, in her discretion. YES NO:

PART III: CONSENT

1. I have read and understand the information contained in the Therapy Agreement, Policies and Consent. I have discussed any questions that I have regarding this information with Carla Barrow. My signature below indicates that I am voluntarily giving my informed consent to receive counseling services and agree to abide by the agreement and policies listed in this consent. I authorize Carla Barrow to provide counseling services that are considered necessary and advisable.

2. I acknowledge that I am financially responsible for payment and that Carla Barrow and the Integral Therapist may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

3. Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Carla Barrow to provide treatment to my minor child(ren). If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to Carla Barrow prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

LIST CHILDREN (NAME(S) AND DATE OF BIRTH)::

Your Signature Below signifies that you have received a copy of "Therapy Agreement, Policies and Consent" for you Records.

Printed Name of Client/Printed Name of Parent or Legal Guardian:

Signature of Client/Signature of Parent or Legal Guardian: