Cluff Counseling PLLC

860 Hebron Parkway Suite #1102 ◆ Lewisville, TX 75057 ◆ (817) 773 -7715 ◆ melissacluff.mft@gmail.com

Consent to Treatment & Fee Agreement

Licensing

I am a Licensed Marriage and Family Therapist (LMFT) in the state of Texas (license # 201348). I received my B.S. in Psychology from Brigham Young University and my M.S. in Human Development and Family Science, with a specialization in Marriage and Family Therapy from Oklahoma State University. I have further training through the International Institute for Trauma and Addiction Professionals and am a Certified Sexual Addiction Therapist (CSAT). In addition, I am also qualified to treat clients using Eye Movement Desensitization and Reprocessing (EMDR) and received training in Psychodrama through the Bridging Harts Psychodrama Training Institute.

Fee Agreement

The billable therapy hour is 50 minutes, in order to allow pre-session planning and post-session documentation. The rate for the 50-minute therapy hour is $140, with the increase of $35 for each additional quarter-hour increment. If the session extends past the hour, I will endeavor to solicit permission to extend the session and inform you of the rate adjustment for the session.

Payment is due at the time of service. You may pay in *cash or write a check* to "*Cluff Counseling*". In instances where a third-party, such as an ecclesiastical leader, has taken responsibility for payment, clients must present a letter, signed by the third-party, stating their willingness to pay for services. Your signature below signifies your agreement to the fee arrangements described above, as well as, your consent for me to mail an invoice, as needed, to any third-party payer.

Cancellation Policy

You are responsible for keeping your scheduled appointments. If you are unable to keep an appointment, you must notify me at least 24 hours prior to your appointment time. With the exception of an emergency, you will be billed for all missed appointments that are not cancelled at least 24 hours ahead of time.

Confidentiality

Clients have the legal and ethical right to confidentiality. This means the information shared in therapy will be kept within the context of therapy, except where law or ethics mandates otherwise (as noted below). You must sign a consent to release information before information about you can be released to other people or institutions not covered under the mandates of law or ethics.

Legal/Ethical Duty to Warn/Report. In any of the instances below, your right to confidentiality is limited, and clinical information will be disclosed in accordance with the law.

1) Where there is reason to suspect risk of harm to self or others.
2) Where there is reason to suspect that a minor child may be now or has in the past been physically, sexually, or emotionally abused, or physically or emotionally neglected.
3) Where court action requires me to release information that normally would be considered confidential and privileged.**

4) Where information that is received from a legal minor(s) is requested by his/her legal guardian.

In order to provide the best services possible, I participate in peer consultation with other licensed therapists, as needed. During such consultations, no identifying information is disclosed, and only essential features of the presenting problem are discussed. If you have any questions regarding your rights to confidentiality, please discuss them with me.

My expertise is in the office and not in legal matters, and as such, I do not agree to serve as an expert witness or provide testimonial services. Should you, your attorney, or your ex-spouse's attorney subpoena me or your client files, or involve me in the court-related process, you agree to pay me $500.00 per hour for every hour of my time spent in case preparation, travel, waiting to appear and appearing in court, and to reimburse any fees incurred by having to appear in court. You further agree to pay a $5000 subpoena fee at the time a subpoena is served; all subpoenas will be turned over to an attorney at your expense.

Limitations Inherent to the Practice of Marriage and Family Therapy. In instances where family members or a couple participate in Marriage and Family Therapy and different persons attend different sessions, information shared by one person(s) in individual session enjoys the legal privilege of confidentiality from the other person(s). However, in my judgment it is not helpful, and can be harmful, for a therapist to participate in the keeping of secrets of one partner from another, and so forth. Consequently, I request that marital partners and family members consent to open disclosure or release of information received in therapy to their partner, or other family members not then present, as deemed necessary by my clinical judgment. Consent to such release is indicated by your signature below. Should you not wish to give consent to release of such information, please so indicate and an alternative consent to treatment form will be provided.

Grievance

You determine the nature and amount of change you wish to make and thus you may choose to end our therapeutic relationship at any time. If you have concerns about any aspect of the services you are receiving, please address the matter with me, your counselor, first.

Contacting Me

I do not provide 24 hour crisis counseling. If you have an emergency, please call 9-1-1 or a local crisis counseling center for immediate assistance. To schedule or cancel an appointment, call me at 817-773-7715. If I am unable to answer your call, please leave a voicemail and your call will be returned within 24 hours. If you have additional questions or concerns between sessions, which you believe cannot wait until your next scheduled session, please email me at melissacluff.mft@gmail.com. All correspondence will be returned within 24 hours, unless otherwise indicated.

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The responsibility of payment for services rendered is as follows:

CLIENT: $ _____ *THIRD-PARTY: $* _____

By signing below, I (we) acknowledge that I (we) have read the *Consent to Treatment & Fee Agreement* and do consent to receive therapy from Melissa Cluff, LMFT, according to the provisions, stipulations, limitations and fee arrangements outlined above.

_____ _____
Signature Date

_____
Print name

_____ _____
Signature Date

_____
Print name

_____ _____
Witness Signature Date

If the client is under 18 years of age, please fill out the following information below:

Minor's Date of Birth _____

_____ _____
Signature of Parent/Guardian Signature of Parent/Guardian

_____ _____
Printed Name of Parent/Guardian Printed Name of Parent/Guardian

_____ _____
Street Address Street Address (if different)

_____ _____
City/State/Zip Code City/State/Zip Code (if different)

_____ _____
Phone Phone