

Jonathan Lebolt, PhD, LLC ~ New Client Agreement

Welcome! Thank you for thinking of me as your therapist. Please take a few minutes to look over the following before signing.

Therapeutic relationship: One of the most important factors in the success of therapy is the relationship between client and therapist. I ask that you agree to the following:

- Please let me know how you think treatment is progressing. Feel free to ask me any questions about therapy, and let me know what's helpful or unhelpful.
- When either you or I think it's time to discontinue therapy, let's discuss this in person.

Confidentiality: Information you disclose is confidential. I will not share it without your consent, unless you pose a danger to yourself or others. Please note that if you want insurance reimbursement, I will have to provide a mental health diagnosis on claim forms, which I will submit for you electronically. Feel free to request a copy of my Health Insurance Portability and Accountability Act (HIPAA) confidentiality notice.

Payment: I will charge your credit card at each session, unless we make other arrangements. My fees are \$250 per session for individual and couples therapy, psychoanalysis and professional consultation and \$110 per session for group therapy, unless we agree to a reduction based on your financial situation. Feel free to request a written Good Faith Estimate of the cost of treatment. There will be a charge of \$40 for returned checks.

Cancellation policy: I will charge you the full fee for missed appointments that you have not cancelled by *10:00 am of the previous business day*. If you are unable to give full notice because of serious illness or emergency, and we are able to schedule a makeup session within one week, you will not be charged.

Teletherapy: If you are unable to attend a session in person, we may meet via password-protected Zoom. I will email you a link to click on to start your session. *Your signature below indicates that you agree to telehealth sessions if requested by you.*

Risk: If you pose a risk to yourself or others and you are unable to reach me immediately, you must call 911 or go to a hospital emergency room.

Contact: You may use e-mail or texts to schedule appointments (please note that these are not encrypted), and I may use them to communicate with you about routine issues such as appointments and insurance. *Please let me know if you do not wish me to do this.* You may call me if you have an urgent need to discuss an issue between sessions. If communication outside of sessions is 15 minutes or longer, there will be a prorated charge based on the \$250 fee.

Thank you for your cooperation--I look forward to working with you!

Printed Name/Signature of Client (1)

Date

Printed Name/Signature of Client (2)

Date