

Jennifer A. Watts, Ph.D., LMFT
Psychotherapy for Individuals and Couples

1762 Century Boulevard NE
Atlanta, Georgia 30345
Tel.: (404) 449-9063
Email: drjenniferwatts@gmail.com

PSYCHOTHERAPY/COUNSELING AGREEMENT (INDIVIDUALS)

Welcome to my practice. Today's appointment, and future appointments, will last 50 minutes (unless we have agreed to meet for 75 or 90 minutes). Entering psychotherapy/counseling is an important decision, and you may have many questions. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment, and health care operations. The Notice, which is available separately, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. *Although these documents are long and sometimes complex, it is important to read them carefully.* We can discuss any questions you have. When you sign this document, it will also represent an agreement between us, which you may revoke in writing at any time. That revocation will be binding on me unless I have taken action in reliance on the agreement; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

About Your Therapist

I am a licensed Marriage and Family Therapist, and I have been in clinical/counseling training and practice for twenty-three years, following 15 months of pastoral care/chaplaincy. My education and training reflect an integration counseling-psychotherapy and theology-spirituality studies: I received a Master of Theological Studies (MTS) from Harvard Divinity School in 1999, and a Doctor of Philosophy (Ph.D.) in Religion from Emory University in 2005. My graduate studies focused on the intersection of psychology/psychoanalytic studies and theology/spirituality I trained clinically at the Georgia Association for Pastoral Care (GAPC)/Care and Counseling Center of Georgia (CCCG), and my clinical theoretical orientation is largely influenced by family systems theory, intersubjective psychoanalytic theory, Gottman Method Couple Therapy, Emotionally Focused Therapy for Couples (EFT), Relational Life Therapy (RLT), mindfulness, and strategic therapy. I work with adult individuals and relationships from any religion (or none), race, sex, ethnicity, sexual orientation, and gender identity.

As part of my commitment to my clients and my development as a therapist, I participate in regular clinical consultation. I adhere to the Code of Ethics of the American Association of Marriage and Family Therapists (AAMFT, of which I am a Clinical Member) and to state and federal laws.

As a psychotherapist, there are limits to what I can do, and some practices are outside of my role or my expertise. When I become aware of reaching an area outside of my function or expertise, I will inform you, and I will provide a referral when possible. Some areas that I know are outside the realm of my practice include (but are not limited to) the following: I am not a medical doctor, and I do not prescribe medication; I am not a mediator; I am not a custody arbitrator; I am not a psychologist and do not administer psychological tests; I do not participate in divorce mediation or child custody assessments; and I do not provide expert witness testimony. I prefer to have no direct involvement in legal proceedings. If I am called to participate in court proceedings, my fee is \$750 per hour for any action related to the proceeding, including: preparation, driving and waiting time, and time in court.

Therapy Process

Psychotherapy is a voluntary process where an individual, couple, or family seeks professional guidance from, and works in collaboration with, a therapist to deal with a difficult or stressful life situation or transition, to gain new understanding, and to identify resources to deal with the situation. Some people enter the process of psychotherapy to pursue deeper self-awareness and to identify areas for growth and greater life fulfillment. Psychotherapy varies depending on the personalities of the psychotherapist and client, and the particular problems clients are experiencing. There are different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things that we talk about both during our sessions and at home between sessions.

Psychotherapy can have benefits and risks. Since therapy 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 many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guaranteed outcomes from a psychotherapy/counseling relationship.

Our first few sessions will involve us jointly evaluating your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions or concerns about our work together, it is important that we discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or who will meet with us and assist in reaching a resolution.

It is normal in the course of psychotherapy to experience the wide range of possible feelings and emotions, including sadness, anger, grief, confusion, frustration, joy, sexual attraction, and desire. It is normal to experience these feelings in the presence of—and even directed toward—your therapist. To provide clear boundaries and a safe context for the experience and expression of the entire range of human emotions (and in compliance with codes of ethics), once I begin a psychotherapy/counseling relationship with an individual, I will not

_____ Your initials represent that you have read this page

participate in any other kind of relationship with that individual. This means that I will not at any time knowingly become a business associate or seek business services from, socialize with, or become romantically or sexually involved with a client or former client.

I encourage you periodically to review and discuss your experience and progress with me. You may choose to end, or terminate, the therapy relationship at any time without any other financial obligation or burden other than any fees already accrued. I do recommend that you discuss termination with me to explore fully the decision to terminate, and so that I can provide any referrals, if necessary.

Confidentiality

Our sessions together are confidential, which means that I cannot release identifying information about you without your prior written permission. However, there are several exceptions to the protection of confidentiality, of which you need to be aware. The exceptions include: *evidence or reasonable suspicion of abuse against a minor, elderly person or dependent adult; client expression of serious intent to harm herself/himself/themselves or someone else; a client's signed release of information form; or reception of a lawful subpoena or other lawful court order which directs the release of information.* Finally, for the purpose of ongoing clinical consultation, I will share necessary information for optimal guidance, without revealing personal identifying data.

Financial Issues

Currently my standard professional fee is \$350 per 50-minute session, \$500 per 75-minute session, \$625 per 90-minute session, and \$2,800 per all-day couples intensives. I expect payment at each session, and I require a deposit of the full fee to schedule and hold the initial appointment. (The deposit is refundable up to 48 hours before the appointment.)

Please note: I require 24-hour advance notice of cancellation if you will be unable to attend any subsequent appointment. *Any appointment (after the initial one) cancelled with less than 24-hour notice will be charged the regular fee of \$350, \$500, \$625, or \$2,800, depending on the length of time reserved, and checks returned for insufficient funds will incur a \$50.00 fee, for which you are responsible.*

I use a HIPAA-compliant therapist payment app called Ivy, which is easily set up with one text and a credit card. I can also accept cash, check, or credit card payments, as well as payment via Venmo (@Jennifer-Watts-84), PayPal, and Zelle.

I am happy to provide you with a statement of service/superbill if you request one for your records or for you to submit to your insurance company for reimbursement. (I am not on any managed care panels, and I do not bill insurance companies myself.) Please be aware that all sessions with me are on a private self-pay basis, and you are responsible for full payment. I occasionally raise my fee but not more often than once every two years and not without at least one-month notice.

Contacting Me

If you need to get in touch with me between sessions, you may leave a voicemail message for me at (404) 449-9063; however, *I prefer text message and email communications.*

_____ Your initials represent that you have read this page

That said, please remember that electronic mail is not a secure way to send confidential information. Be aware that I will generally not discuss confidential matters over email, but I can reply to matters such as scheduling requests.

If you need to speak at length or send emails that require extensive time to read (longer than 10 minutes) between our regularly scheduled appointments, I will charge you for the time on a prorated basis based on our agreed upon session fee, or suggest an additional appointment. If you request an emergency appointment, I will expect you to make necessary adjustments in your schedule to see me when I can create an opening.

I provide outpatient therapy only. I do not offer emergency services. If you are having a mental health emergency, you can call the Georgia Crisis and Access Line 1-800-715-4225 (GCAL). Through the app My GCAL you can call, text, or chat with someone 24/7/265. If you have a life-threatening emergency, call 911 or go to the nearest hospital emergency room.

Statement of Understanding about Cancellation Policy

“I am hereby entering into a contract for Jennifer A. Watts’ professional time and services when I set an appointment. I understand that by entering this contract for Jennifer A. Watts’ professional time I am specifically contracting for services to prepare for my session in advance. I recognize that professional services are not only provided during my appointment time but also prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I understand that Jennifer A. Watts’ cancellation policy requires 24 hours advance notice in order to be released from the contract for Jennifer A. Watts’ time and services of preparation for my session. I agree that if I fail to cancel my appointment within the 24-hour minimum time period prior to my session I will be charged for the missed session and the services provided in preparation in the amount of the standard fee of \$350, \$500, \$625, or \$2,800, depending on the length of time reserved.”

Consent for Treatment

Please ask for clarification of anything in this Psychotherapy/Counseling Agreement that you do not understand. If you understand and agree to the terms above, please sign below.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND THAT YOU HAVE RECEIVED THE HIPAA NOTICE.

Client Signature _____ Date _____

Name Printed: _____

_____ Your initials represent that you have read this page