



SUSAN WOODARD PSYCHOTHERAPY, PLLC  
2637 RIDGEWOOD ROAD, JACKSON, MS 39216  
tel: 601.532.0096

## **Patient Agreement & Policies**

Entering into a therapeutic relationship with a professionally-trained therapist reflects a commitment to seek healing and growth during difficult times in life. The following information is provided to ensure that you are empowered to participate fully in the development and implementation of an effective therapeutic plan that honours and respects your unique needs.

### **Your rights as a patient:**

#### **Informed Consent**

In order that you clearly understand and feel as comfortable as possible with all aspects of the therapy process, it is important that you ask questions and request clarification of any statement made or action taken by the therapist during the treatment process. Some common inquiries include:

#### **Therapist Credentials**

Your therapist has a professional background in mental health care, and is a graduate of an accredited masters degree program in marriage and family therapy. She is a Clinical Member in good standing of the the American Association for Marriage and Family Therapy and a Licensed Marriage and Family Therapist in the state of Mississippi. Her practice features ongoing cross-cultural clinical experience with individuals, couples, families and groups.

#### **Therapeutic Approach**

A number of appropriate therapeutic interventions will be considered, based on your unique circumstances and goals. A suitable treatment plan will be undertaken, in cooperation with you, which will take into account the potential impact on your various primary personal and professional relationships.

#### **Potential Outcomes**

Addressing painful issues in one's life normally tends to cause some discomfort. Your therapist will responsibly support and encourage you in successful management of goals, however, occasionally, outcomes occur which are beyond the therapist's control and which vary considerably from your initial expectations.

#### **Ethical Standards and Patient Rights**

Your therapist is governed by the Code of Ethics of the American Association for Marriage and Family Therapy. A copy of this code is available on request. Should you feel an ethical violation has occurred through which you have received some measure of harm, you have a right to register a complaint with the therapist and/or Ethics Committee.

#### **Confidentiality**

Your therapist is ethically and legally bound to maintain confidentiality regarding material you have discussed in session. There are however, some notable exceptions that you need to be aware of where information you have shared in the therapy session can be released by your therapist without your permission:

- If your therapist determines that you are at serious risk to harm yourself or others.
- If your therapist believes that a child, an elder, or a handicapped person is suffering injury due to abuse or neglect.
- If it is determined that you have been abused by a health care professional.
- If your insurance company requires confirmation of treatment, with your written consent.
- In response to a court order. (Your therapist will not otherwise appear in court or supply file information on behalf of either spouse in a marital or child custody dispute.)
- In response to litigation initiated by a patient against the therapist.

Please feel free to ask for clarification about any of these matters at any time, either now, during therapy, or before you tell your therapist something they may have to legally share with others.

**Patient Responsibilities:**

An effective therapeutic relationship is a collaborative experience between patient and therapist marked by openness, honesty, and a commitment to growth. In addition to your active participation in the therapeutic process, your compliance with the following policies is essential:

**Fee Policy**

The fee for therapy is \$\_\_\_\_ per 50 minute session. Unless arranged otherwise, fees are to be paid by cash or check at the end of each session.

Bank charges for NSF checks will be assumed by the patient. There are additional fees for extended telephone consultations, reports, and letters and these will be discussed by your therapist beforehand.

**Cancellations**

Please advise your therapist no less than 24 hours in advance if you are unable to keep an appointment, since sessions cannot be double-booked, and therapists must balance appointments with other patients. Failure to do so will result in the session fee being charged.

**Patient Agrees to the Conditions Above:**

I have read, understood, and agreed with the information presented herein and now determine to enter into a therapeutic relationship with Susan Woodard, LMFT, understanding that I am free to leave therapy with no moral, legal, or financial obligation beyond services already rendered.

**Patient Signature(s) and Date:**

_____	_____	_____
<i>PRINT</i>	<i>SIGNATURE</i>	<i>DATE</i>
_____	_____	_____
<i>PRINT</i>	<i>SIGNATURE</i>	<i>DATE</i>

**THERAPIST:**

_____	_____
<i>Susan Woodard, MDIV, MA, CMAT, LMFT, Psychotherapist</i>	<i>DATE</i>