



## **PATIENT/PROVIDER CONTRACT FOR SERVICES**

### **WELCOME**

Welcome to my psychotherapy practice at Mind and Body Wellness. This document contains important information about my professional services and business policies. Please read it carefully. After you have reviewed this document, if you agree to the policies and procedures described, please sign it and return it to me. If you have any questions, please let me know at the beginning of the session so that we can discuss them. When you sign this document, it represents an agreement between us and it will become part of the Clinical Record.

### **WHAT TO EXPECT**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a general treatment plan. During this time, we can both decide if I am the best person to provide the services you need to meet your therapy goals. At the conclusion of the evaluation, referral to a more appropriate therapist may occur. If we agree to initiate psychotherapy together, I will usually recommend one 45-minute session per week at a time we agree on. There are many different techniques that may be helpful in dealing with the problems that you hope to address. If you have any questions about my procedures, we should discuss them whenever they arise.

### **RISKS AND REWARDS**

Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, it is recommended that you work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Because therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, or anger. 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. However, the results of therapy cannot be guaranteed. Because therapy involves a commitment of time, money, and energy, you should make sure you feel comfortable working with me. If you have questions about our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide a referral to another mental health professional.

### **PROBABLE LENGTH OF TREATMENT**

The length of psychotherapy treatment varies considerably depending on the person and the nature of the person's problem. It is difficult, if not impossible; to accurately pinpoint the amount of time it will take to experience relief. Several factors contribute to the timeline, including • The nature of the problem itself (simple vs. complicated) • How long the problem has been a problem (recently developed vs. chronic or longstanding). • How much support you have from significant others (substantial versus negligible) • How much work you put into solving the problem outside of therapy. For those seeking relief from troublesome but straightforward problems, therapy can be effective in as little as 8 to 12 sessions. For more complex issues, therapy may last several months to several years.

### **ENDING TREATMENT**

You may end therapy at any time. Generally, you will be the one who decides when therapy will end. When possible, I encourage you to make this decision in collaboration with me and if you are also under his care, Dr. ElShafei. However there are two situations in which I may decide the therapy will end. If I assess in my clinical judgment that I am not able to help you, I will inform you of this fact and refer you to another therapist who may meet your needs. Some reasons I may reach such a decision include (but are not limited to): • I may recognize you are coping with a problem that is outside my scope of competence or expertise. • I may become aware of an existing relationship with



you, your family, a client, or a shared mutual friend that may interfere with my objectivity or role as your therapist. Due to confidentiality, I may not be able to disclose the nature of this relationship to you. • I may become aware of another factor that would interfere with my role as your therapist, with my ability to maintain objectivity, or my potential to foster a sense of rapport with you. If at any time, you engage in behaviors that threaten my safety (directly or indirectly), that harass me (verbally, physically, or electronically), or if you harass or threaten the safety of my office, colleagues, clients, or family, then I reserve the right to terminate our therapeutic relationship immediately. If I terminate you from therapy, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. In most situations, I cannot even confirm to a third party that you are being seen in my practice unless you agree to this. However, there are a few exceptions. These situations rarely occur, and if this type of situation occurs, I will make every effort to fully discuss it with you before taking any action. Limits to confidentiality include: • To Protect You. My primary concern is the safety of clients who are working with me. If I have reason to believe that you are at risk for injuring or killing yourself, I am legally and ethically required to work with you to prevent this from occurring. This may range from contacting family members or others who can help provide protection, arranging for hospitalization with your consent, or even, in the event of an emergency, facilitating involuntary hospitalization. • To Protect The Public. In certain situations, I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, older adult (age 65 and older), or a dependent adult is being neglected or abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am also legally and ethically required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. • In Legal Proceedings. Although I will make every effort to safeguard your privacy, your records may be subpoenaed by a court of law. In most legal proceedings, you may have the right to restrict access to information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, it is possible that a judge may order my records and/or testimony. Confidentiality may also be limited by other situations in which the law requires or directs that confidentiality does not exist.

### **COMPLAINTS**

If you're unhappy with what's happening in therapy, or have a concern or complaint about your treatment, please talk about it with me so that I can respond to your concerns. I will take your criticism seriously, and with care and respect. If you are still dissatisfied you can request to speak to my clinical supervisor, Stephen O'Beirne, LCSW to facilitate a resolution.

Your signature below indicates that you have read the information in this document and agree to its terms:

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Therapist Name (printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature



---

Ashraf ElShafei, MD