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Client Contract

Outpatient psychotherapy includes diagnostic services; crisis intervention; group, marital, or family therapy, and individual adult or child. Psychotherapy consists of face-to-face contact between the client(s) and the therapist to uncover the sources of the presenting problems. Associated feelings and symptomatic responses will be explored through both verbal and hypnotherapeutic accessing of the underlying causes.

The intention of therapy is to produce relief from both symptoms and underlying causes of problems, as well as exploration of alternatives to habitual responses. There is no guarantee that there will be complete resolution within the treatment period, as many problems have developed over a lifetime. Maximum benefits will occur with the participation of the client in once or twice weekly sessions, along with the client's active work on their own behalf between sessions. At times you may feel conflicted about your therapy as the process can be uncomfortable and bring long repressed emotions to the surface. However, unless they are released, resolution of the underlying causes and consequent symptoms are minimal.

Confidentiality: Information shared by each client is strictly confidential except when the following legal limitations apply:

1. To ensure the best treatment for you, I will at times discuss your case in consultation, keeping your identity confidential.
2. When a client communicates threat of bodily injury to self or to another.
3. When there is reasonable suspicion of child abuse or abuse to a dependent adult has occurred, or is likely to occur.
4. If you are in therapy or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to that court.
5. If a court of law issues a legitimate subpoena, I am required to provide the information specifically described in the subpoena.
6. In couple or family therapy, one goal is not to keep secrets. I will assume that if you tell me a secret, you are asking me to help you disclose it, which I will assist you in doing. I maintain the right to disclose confidential information to other participants in the family or couple if I feel it is in the best interest of the family or couple to do so. You have equal rights to release information to outside parties but I will withhold it unless it is in your best interest.
7. If you sign a release of information to any person or agency you specify, as an adjunct to treatment, or reveal information in the public domain, or waive your privilege by filing an action against me.
8. If disclosure of confidential information is required by any third party payer (i.e., insurer), I will disclose only the minimum necessary information; or, if they require more information, I will obtain your signed release.

Telephone & Emergency Procedures: If you need to contact me between sessions, please leave me a message on my answering machine at (707) 548-8853. I will return your call as soon as possible. Please indicate if it is an emergency. If you need to speak with someone immediately, call Psychiatric Emergency in Santa Rosa, Ca. (707) 576-4796 or the police (911).

Fees: Fees will be discussed at the beginning of treatment and periodically thereafter. Please discuss with me any circumstances arising during the course of therapy which affect your ability to pay. Your fee is based on a 50 minute hour. Should you go over the hour, you may be required to pay an additional fee. Payment is to be made at the beginning of the session. I will provide receipts upon request, which you can submit to your insurance company for reimbursement. You are responsible for the entire amount of the fee regardless of your insurance company reimbursement. The bank fee will be charged for any returned checks.

Frequency of sessions: Frequency of the sessions will be agreed upon between the client and therapist depending on the variety of the problems and symptoms.

Cancellations: As your appointments are made on an ongoing basis, your time is reserved for you. In the event you are unable to keep your appointment, you are required to provide twenty-four (24) hours notice of cancellation or you will be charged for your session. Most insurance companies do not pay for missed sessions.

Termination: Throughout your therapy, treatment will include teaching you to access internal guidance from a Source of Deep Wisdom. Therefore, termination of treatment will include working together in a session with your therapist to access guidance from this Source. Termination cannot be done by phone, nor be the decision solely of your ego/persona. This is a safeguard for you as frequently, just as you reach the underlying difficult material which has kept you trapped in destructive patterns, aspects of you may become fearful and attempt to convince your ego/persona that: a. you can't afford therapy, b. you don't have the time, c. therapy is not working, d. nothing is happening...when, in fact, a breakthrough is about to happen. So it is important that you ask for inner guidance with the help of your therapist when you have these doubts, rather than leave just when life can begin to have new meaning.

Testimonial Admissibility: If you are currently involved in or anticipate future involvement in legal proceedings, there is a possibility that your testimony might not be allowed if hypnosis has been utilized in treatment. The determination of admissibility of testimony is made case by case, and varies widely.

I have read the above, understand the content, and agree to the terms and conditions.

Client _____ date _____

Therapist _____ date _____