



**Raja M. David, PsyD, LP, LLC**

## **PSYCHOLOGIST-CLIENT PSYCHOTHERAPY CONTRACT**

This document contains important information about my professional services and business policies. It also briefly touches on the other two documents you have been given: The Financial Contract and the HIPAA Notice of Privacy Practices. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### **PSYCHOLOGICAL SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. When you or your child is a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you or your child will have to work on things we discuss outside of sessions.

During the initial few sessions I will gather information about your situation and history. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. Soon after, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. The connection between a client and therapist is an important part of the process, and if you feel I am not the right professional to work with you or your child, I will assist you in finding other potential therapists to work with.

### **APPOINTMENTS**

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. As further outlined in my Insurance Verification form, if you miss a session without canceling, or cancel with less than 24 hour notice, you may be charged \$150.00. In addition, you are

responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## **CONFIDENTIALITY & PROFESSIONAL RECORDS**

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPPA Notice of Privacy Practices. You have been provided with a copy of that document if requested, and you have a right to discuss those issues. Also, please remember that you may reopen the conversation about these matters at any time during our work together.

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained electronically through a company I have hired called Valant. I keep brief records noting that you were here, your reasons for seeking services, your diagnosis, topics we discussed, your history, records I receive from other providers, copies of records I send to others, and your billing records. Your rights regarding these records are also detailed in the HIPPA Notice of Privacy Practices.

## **PARENTS & MINORS**

While privacy in therapy is crucial to successful progress, parental involvement is also essential. While a minor cannot legally consent to receiving mental health services, I will seek their assent (agreement). Near the onset of our relationship, I will discuss with you and your child the limits of privacy so that all relevant parties involved are comfortable with those limits. Generally speaking, the therapeutic process is enhanced when a child can have privacy; this is particularly true for adolescents. However, as we will discuss, I am ultimately responsible to parents for their child's safety. We will establish an agreement regarding what information will be shared and how, if your child discusses matters that in my professional opinion suggest their safety is at risk. I will also provide you with updates about your child's progress and seek opportunities to include you in discussions when I believe that will be beneficial to your child.

## **CONTACTING ME**

I am often not immediately available by telephone (651-442-3038), but you may leave a message on my confidential voice mail your call will be returned as soon as possible. Also note that my email address is HIPPA compliant (raja@mnccta.com). I will make every attempt to inform you in advance of planned absences/vacations. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you and you feel you cannot wait for a return call or if you feel unable to keep yourself safe: 1) Contact crisis services. This will be county specific and there are different numbers for adults and children. Follow links below. 2) Go to your Local Hospital Emergency Room, or 3) Call 911.

Children-<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp>

Adults-<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/resources/crisis-contacts.jsp>

## **OTHER RIGHTS**

If you are unhappy with what is happening in our process, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You

may also request that I refer you to another psychologist and are free to end our relationship at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of our work, and about my training and experience. If you do not feel that I am responsive to your concerns, you can contact the MN Board of Psychology and file a complaint at 2829 University Av. S.E., # 320, Minneapolis, MN 55414.

**CONSENT TO PSYCHOTHERAPY**

I have read, understand and agree to the information contained in this document. I have also read and been provided a copy if I so chose, of the HIPPA Notice of Privacy Practices. I have asked questions about any parts that I did not fully understand. I have also asked questions about any parts that I was concerned about. By signing below, I indicate that I understand, agree to and give my consent to the nature and purpose of this psychotherapy, and the information outlined in the HIPPA Notice of Privacy Practices.

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Signature of client (or parent/guardian)

Date

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Printed Name

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Relationship to child if applicable