



**CLAIRE MCINTYRE, L.M.F.T.** ◇

LICENSED MARRIAGE & FAMILY THERAPIST

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## **CONSENT FORM**

### **The Therapy Process**

Psychotherapy is often helpful to people who are in distress. It can help you gain a better understanding of your personal goals and values, improve relationships, and help solve many kinds of personal problems. There are, of course, no guarantees. An effort on your part, a willingness to be honest with yourself and your therapist, and a desire to improve some part of your life will make it more likely that therapy will help.

Psychotherapy can also be difficult. Sometimes you may feel considerable discomfort in therapy. Remembering, discussing, and/or resolving unpleasant events can bring on strong feelings such as anger, frustration, sadness, or fear. Trying to resolve issues between you and other important people in your life, such as your partner or child, many result in changes that were not originally considered or intended. It is my experience and my clients' experience, however that most people find that therapy is worth any discomfort they may feel.

Early in the therapy process I will give you some initial impressions of the kind of treatment that seems fitting to your problem(s). During these initial sessions, you should be thinking about whether you feel comfortable with working with your therapist. Therapy may involve a substantial commitment of time, money and energy and it is important that you feel comfortable with me. In the event that you want to explore an alternative to therapy or a different therapist please discuss this with me. If you decide change is necessary, I can make recommendations about alternatives and, if you want, provide you with a referral to another therapist.

### **Confidentiality**

Everything you discuss with me is confidential. This means that I cannot discuss your case with anyone or send out information about you without your permission. There are several exceptions and limits to confidentiality which you should know about and a separate confidentiality notice has been or will be given to you to explain the exceptions and limits of confidentiality.

### **Fee Information**

Fee Rates: My standard fee for an approximately 60-minute session is \$\_\_\_\_\_. I also set aside a few hours for working with clients who cannot afford my full fee. If you cannot afford my full fee and I have the time open, we can negotiate a fee that is affordable to you.

### **Payment & Insurance**

We will give you a written bill at the end of the month. Payment is due within a couple of weeks of receipt of the bill. If you have insurance, we will assist you in obtaining any coverage that is due to you. However, co-pay, coinsurance or full fee may be due at time of your visit depending on the payment arrangements you have made with your therapist.

**Missing Appointments**

If you are unable to attend an appointment, please notify your therapist as soon as possible. If an appointment is missed or cancelled without 48 hours' notice, you will be financially responsible for the appointment. Please note that insurance companies are not required to pay for missed appointments.

**Emergencies/Telephone Contacts**

If you need to get in touch with me for any reason, you may call my office at any time: (860) 443.1396. We will always try to return your call the same day or certainly within 24 hours. In the event of an emergency during the evening or weekend, speak to the answering service operator who will make every effort to reach us immediately. We do not charge for brief telephone calls. However, telephone calls that are, in effect, phone sessions will be charged as regular visits.

**Discontinuing Therapy**

In the best circumstances, client and therapist decide together regarding when to end treatment. Sometimes clients feel like they want to stop therapy before their goals have been reached or before their problems have been resolved. These are usually very important feelings to explore in therapy because they have the potential to lead to greater understanding of the problems. I encourage you to ask questions about the therapy, our interactions with you, any comments and suggestions, and any other reactions you may have. Of course, you may decide at any time to end therapy. If you do decide to stop therapy, we strongly encourage you to talk to us first. We can provide you with referrals to other therapists if that seems needed.

**A Note to Couples**

Couples therapy can be effective in resolving problems between partners. In cases I have found it useful to work on a couple's issues by seeing the partners separately and only sometimes together, but still with the relationship the primary concern. You should know this is not the traditional strategy for couples counseling, but my experience indicates that for many couples it is more effective than traditional all joint sessions couples counseling. I will be happy to explain my reasoning and my experience if I recommend such a strategy for you. Despite therapy of any kind, sometimes a couple will decide to separate during or after therapy. To make your therapy safer and more likely to work, and because you are both my clients, I believe it is important for you to agree not to use anything said in this therapy, any therapy records, or me (such as my testimony) in any possible custody-related or divorce-related legal matters. By signing this form, you are agreeing to this condition.

**Acknowledgement & Consent**

By signing this form, you are acknowledging that you understand and consent to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had. Your signature also indicates that you have been given a copy of this form.

\_\_\_\_\_  
**Print Name**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**