**LightSource Counseling, Inc.**

**Lisa Ferguson**

**LCAC CSAT CADAC II CCPS**

**Licensed Clinical Addictions Counselor**

**Certified Sex Addiction Therapist**

**Certified Clinical Partner Specialist**

**8000 West River Road.**

**Yorktown, IN 47396**

**Agreement Between Client and Therapist**

The following is an agreement entered into between **LightSource Counseling**, **Inc**., Lisa Ferguson, LCAC, CSAT, CADAC II, CCPS and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as client(s)

**Professional Disclosure Statement**

**Qualifications:** I am a practitioner within the field of chemical addictions and sex and love addictions. I have been trained by Drs. Patrick and Stefanie Carnes, and certified (CSAT) through the International Institute of Trauma and Addiction Professionals. I am licensed in the State of Indiana as a Clinical Addictions Counselor. In addition, I am a Certified Clinical Partner Specialist (CCPS), trained to work with the specific needs of partners of people with sexual addictions. The distinguished clinicians on my LightSource Board of Directors, as well as my internationally certified supervisor colleagues, consult with me on a regular basis, providing me the highest quality of input on my clients. I believe this is the best way to fulfill my goal of providing you with the highest level of care possible in an outpatient practice.

**Informed Consent**

**Therapeutic Relationship:** During the time that we work together, we will meet at a mutually agreed upon frequency. Our contact will be limited to psychotherapy sessions that you arrange through **LightSource Counseling, Inc**.

**Psychotherapy is a Difficult Process:**  It has been said that during the process of psychotherapy, clients often get worse before they can get better.  I will take this journey with you, supporting you as you move forward; however, *you* are the one who must do the work of recovery. Your willingness to work hard, receive and work on therapeutic recommendations, and make a commitment to the recovery process are the ingredients that are necessary for you to achieve and maintain long-term sobriety or healing from trauma as the case may be, and to attain eventual balance in your life.

**Communication:** LightSource Counseling, Inc. utilizes a variety of means to communicate with clients regarding scheduling and other coordinative aspects. The dominant form of scheduling coordination and reminders is by mobile texts and sometimes email. Please note that phone or digital contact is not always secure, however LightSource will take every reasonable precaution to protect your privacy. LightSource standard policies dictate hours of contact will be between 7am and 9 pm except in unusual circumstances. Furthermore, we ask you to reserve therapeutic questions for your appointments, as we will not be addressing them via e mail for ethical and confidentiality reasons. Our preference is to limit text and email communication with clients. All therapeutic discussions must happen in office or via phone sessions. Sensitive information sent to the therapist will be purged immediately after receipt. LightSource purges all other communication every six months.

**Benefits and Risks of Treatment:** The benefits of outpatient psychotherapy may include improved functioning in your personal and professional relationships, improved communication skills and a reduction in the symptoms that led you to seek therapy in the first place. Psychotherapy also has risks. Dealing with addictions will often bring up a number of unpleasant memories and feelings during our sessions. The same is true for recovery from partner trauma. These feelings are natural and are important to the recovery process. Therapy may also cause an escalation of undesired behaviors, relationship disruption, and emotional reactivity. In the pursuit of healing and recovery, this is a necessary phenomenon, and moves you towards an ever-increasing understanding and regulation of your daily life.

**Client Rights and Responsibilities**

First of all, you have the right to refuse or discuss modification of any of my psychotherapy techniques or suggestions that you believe might be harmful. Secondly, some clients need fewer psychotherapy sessions than others to achieve their goals. For addictions recovery, however, it is typical to expect three to five years to complete therapeutic process. For partner trauma and/or relationship healing, a period of years is also likely and usually recommended. With this in mind, know that you may nevertheless end our therapy relationship at any time. In such cases **I ask that you participate in a closure session** in my office in order for me to enumerate points of progress you have made, weaknesses you have still to address, and reasons for the termination of therapeutic relationship**.** By signing below, you are agreeing to schedule a closure session when you leave this practice. You are also agreeing that, upon leaving therapy with LightSource Counseling, INC, you will not verbally or in any other way undermine my therapeutic relationship with any of your peers or group members who may be benefitting from ongoing therapy in LightSource.

Lastly, you hereby further agree to come to all therapy sessions free from the influences of drugs including alcohol.

**Referrals:** Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to psychotherapy will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

**Individual Therapy Session Length and Fees:** Individual sessions are typically 1 – 2 clinical hours (clinical hour = 50 minutes), and the fee is $120.00/clinical hour. Programs are available that aggregate a number of sessions in advance (by the 8th of the month) at a reduced hourly rate. Intakes are a flat rate of $250. Off hour fee (after 6 pm) is $130/clinical hour. Consultation during out of office hours (Friday through Monday) is at a rate of $140/clinical hour. Church rate after 8th of month is $90/clinical hour. Private couples intensive sessions are $140/ clinical hour. Sessions that extend beyond the clinical hour will be billed for additional time (for example, a session that extends to 60 minutes will be billed at 1.5 hours).

**Additional Therapists/Associates:** **LightSource Counseling, Inc.** will, from time to time, have additional therapists/associates involved in some aspects of the treatment of clients as part of ongoing therapist education, training, and peer supervision, as well as couple’s or group therapies/events. These therapists/associates are bound by the same confidentiality as Ms. Ferguson and may also have access to client records.

**No Emergency Calls:** This office *does not* take emergency calls. If you have an emergency, go to your nearest hospital emergency room or call 911.

**Cancellation and Missed Appointment Policy:** Cancellations of individual, couples, and family psychotherapy, and psychotherapy by telephone, requires 48 hour advanced notice to avoid being charged for the missed appointment. (Advanced cancellation of Monday morning appointments should be made to the therapist’s on-call phone ((765) 276-0407). Dire emergencies (i.e., hospitalization, accident, death in the family) are addressed on an individual basis. Late cancellation and missed appointments are charged to the client’s credit card on file.

**Insurance Waiver and Agreement:** This office *does not* file insurance claims but a receipt for reimbursement will be provided upon request. Most insurance plans require a diagnosis as part of filing a claim. This diagnosis will be discussed with the client(s) prior to providing a statement. The client(s) understand that verification of benefits or pre-certification of services does not guarantee that an insurance carrier will reimburse this type of outpatient intensive service, and the client agrees to pay for these services *in advance*.

**Miscellaneous Fees:** In the event of premature departure from therapy, there is a $250 fee for compiling and transferring records to other professionals. In event of legal cases, where extensive records may be required, an $800 fee will apply for record requests. **Court appearance and/or testimony is NOT provided by LightSource.** There is a $120 flat-rate charge for each letter clients request being sent on their behalf. Travel time is billed at the therapist’s hourly rate plus mileage.

**Records and Confidentiality:** All of our communication becomes part of the clinical record. Records are the property of **LightSource Counseling**. Most of our communication is confidential, but the following limitations and exceptions do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health services provider; d) I am ordered by the court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by acknowledging you *only* if you approach me first. Office clerical personnel will only have enough information about you to schedule appointments, contact you, and facilitate collection of fees.

In the case of couples or family psychotherapy, I will keep confidential (within the limits cited above) anything you disclose to me without your family member’s knowledge, except for in the case of couple’s therapy in which you sign a ‘No Secrets” agreement.

I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress.

**Weapons:** Clients agree not to bring any weapons into **LightSource Counseling** offices. This includes all law enforcement officers.

**Physical Contact:** Sexual Contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed at me, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship. Hugging is an expression of affection, a greeting, or a goodbye within many cultures. However, in some cases hugging may be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapeutic relationship. Occasionally a client may ask for a hug after a particularly difficult or emotional session. It is important for me to understand your stance and to maintain appropriate professional boundaries. If I believe after we discuss the request that a non-sexual brief hug is appropriate and supports your therapy, I will allow this on occasion. Please understand, if I choose not to hug you it is not an expression of judgment or dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

**Unpaid Debts/Returned Checks:** *Payment is required when services are rendered*. Unpaid debts will be turned over to a collection agency. Collection fees will be added to the client(s) bill. Returned check (i.e., insufficient funds, etc.) charge is $30.

**Acknowledgment and Consent:** By your signature(s) below, you are indicating that you have read and understand this statement, that you have had an opportunity to ask questions, that any questions you have about this statement have been answered to your satisfaction, and that you were furnished a copy of this statement.

By my/our signature(s), I/we agree to the terms and conditions outlined within this document. (Each participant is required to sign this agreement form.)

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Client Signature Please Print Name Date Telephone Contact Number

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Therapist’s Signature Date

**We require that you have a credit card on file with our office to guarantee appointments. No shows and late cancellations (see above) will automatically be billed to your credit card. At the time of your session, you may pay by cash, check, or credit card.**

Type of card: 🞏 Visa 🞏 Master Card 🞏 American Express 🞏 Discover

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires \_\_\_\_\_\_\_\_\_\_\_\_\_ CVV# (back of card)\_\_\_\_\_\_

 Month Year

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_