

THERAPIST-FAMILY MEMBER SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. 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.

I, family/partner, am aware that I'm not the primary client, and that the primary client is the individual who has requested I join session(s). This means that the therapist and the primary client have the right not to reveal the primary client's file and other verbal reports, and that the primary client can stop the family counseling at any point. I also understand that any session notes I'm involved in is protected and cannot be revealed or requested by anyone (not even the client) without my consent.

If I, the family/other person need more assistance that seems beyond the scope of the primary issues, and Elisa Horton, LMFT, LMHC, NCC (EH) believes I need more personalized care, she will supply me with 3 referrals so that I may acquire my own therapist.

By signing below: I do understand that I will be involved/invited in sessions with the primary client. I also understand that EH's obligations to me are different than that of the primary client. Specifically, I'm not the primary client, the primary client and EH have confidential communication beyond my knowledge (can stop sessions, may be in sessions beyond my session, among some other interventions required of a good quality therapeutic relationship), and I may be referred out to another therapist (if needed). EH has made it clear that she is available to me in way of the issue at hand, for which I was invited in; and, for a session or two, on my own, in reference to any other issue that would warrant her to refer me out to another provider.

While I have access to the same office policy paperwork by requesting copies of EH's office policies, as the primary client, I understand that the paperwork is just to give me insight into her practices and policies and that the paperwork won't necessarily apply to me. What does apply to me is any of EH's office policies (i.e. email/text communication, privacy practices, etc.).

I also understand I will not be invited into sessions to work on any family/relationship issues with the primary client if EH impressions are that it is not beneficial to either person or if EH believes there to be a conflict of interest. In these cases, sessions will stop without me having reasons why.

Elisa Horton, LMFT, LMHC, NCC answered all questions, and she has made it clear she will remain open to further questions and/or concerns. **I'm also aware that I may seek another therapist to address my family member and my needs and that EH will give me 3 referrals.**

Name (printed): _____ DOB: _____

Signature: _____ Date: _____