

Alisa Piette, MFT
Lic.# MFC 38208
1264 Higuera St. #211
San Luis Obispo, CA 93401
Tel: 549-8763

THERAPEUTIC CONTRACT

The Therapy Process • Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. As part of my therapeutic process, I use several techniques including psychodynamic work, gestalt therapy, somatic experiencing, and utilizing techniques such as art, writing, and relaxation exercises.

Client's Rights • You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

1. You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
2. If you ask me, I can release any part of your records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you.
3. Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:
 - a. Revealing to me active child abuse or neglect. If a perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors. Active physical abuse of a dependent adult or an elder is taking place.

- b. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
 - c. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
 - d. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
 - e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
4. You have the right to ask questions about any of the procedures used in the course of your therapy.
5. Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
6. You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
- a. When I believe that therapy is no longer beneficial to you.
 - b. When I believe that another professional will better serve you.
 - c. When you have not paid for the last two sessions, unless special arrangements have been made with me.
 - d. When you have failed to show up for your last two therapy sessions without a 24-hour notice.
 - e. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified. If I have written consent, I will provide that professional with information they request.

If any of these situations apply, I will send you a certified letter to your address of record to inform you of my decision and I will give you the names of several therapists for your future counseling needs.

As life can bring unexpected circumstances, should I be unable to continue your therapy, my trusted colleague, Nancy Walsh, will contact you to discuss what would be best for you at that time.

Fees and Length of Therapy • I agree to enter therapy with Alisa Piette, MFT. I agree to pay the standard fee of \$___ for each completed fifty minute session. I will take payment in cash, Venmo, Zelle, Credit Card or by check at the time of the therapy appointment, unless we have made other arrangements.

Date_____

Client's Signature _____

Therapist's Signature_____

Parent Signature if client is a minor _____

Consent for Treatment • I, _____ authorize and request that Alisa Piette, MFT, to carry out psychological examinations, diagnostic procedures, and/or treatment which now or during the course of my care as a patient are advisable.

I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment form.

Date_____

Client's Signature_____

Date_____

Therapist's Signature _____

Date _____

Parent Signature _____