

DR. JENESSA NYE
701 E. Santa Clara St., Suite 43
Ventura, CA 93001

THERAPEUTIC AGREEMENT

Benefits of Therapy: You can expect to benefit from therapy, although there is no guarantee that you will. Maximum benefits will occur with regular attendance and with following treatment recommendations. It is possible you may feel temporarily worse while in treatment. Please attend sessions free from the influence of non-prescription drugs and alcohol.

Client Responsibilities: Client is to pay agreed upon fee before or after 50-minute session, which is \$145. **Cancellations must have a 24-hour notice or the full session will be charged.**

Confidentiality: All information and records obtained in the course of your therapy shall be held in strictest confidence and privacy. Your information will not be disclosed to any outside person or agency without written consent (or, if a minor, written consent of a parent or legal guardian). I may consult with colleagues and specialists about our ongoing work together in order to provide you with the best possible treatment. I will not, however disclose your name or any specifics about you that would reveal your identity. Confidentiality is legally allowed to be broken under four circumstances:

1. If you make a serious threat to harm yourself.
2. If you make a serious threat to harm another person.
3. If I have reasonable suspicion that a child, an elder or a dependent adult has been or will be abused or neglected.
4. If you are suing someone or being sued or if you are being charged with a crime and you tell the court that you are seeing me, I may then be ordered to show the court my records if ordered with a subpoena.

If any of these 4 situations are present then it is my legal duty and obligation to keep my patient and others safe from harm and abide by law.

If either the patient or the therapist should notice each other in a public setting/outside of the office, then the therapist will not approach the patient due to keeping the relationship confident. If the patient chooses to engage in a brief conversation or acknowledge the therapist, that will be at their discretion.

Print Name

Sign Name

Date