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**PSYCHOTHERAPY AGREEMENT**

Welcome to my practice! This document contains important information about my professional services and business policies. I suggest you retain a copy for your records. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an understanding and agreement between us.

**PROVIDER SERVICES**

Psychotherapy is a process in which Therapist and Client (Patient) discuss a myriad of issues, events, experiences and memories for the purpose of creating positive changes so that the client can experience life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits for you including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which I will challenge perceptions and assumptions, and offer different perspectives. The issues that are presented may result in unintended outcomes, including changes in personal relationships. Please be aware that any decision on the status of personal relationships is the responsibility of the client.

During the therapeutic process, some clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You are encouraged to address any concerns regarding your progress in therapy with me.

Our consultation session(s) will involve an evaluation of your needs. During the period of evaluation, I will be able to offer you some first impressions of what our work will include and together we will create a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my methods, we can discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **MEETINGS**

When psychotherapy is commenced, I will usually schedule one session (one appointment hour of 50-55 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation, or unless we both agree that you were unable to attend due to extraordinary circumstances beyond your control. I work with clients in the office and remotely, utilizing phone, FaceTime and Zoom sessions when appropriate.

### **PROFESSIONAL FEES**

In general my normal and customary fee for an individual 55 minute session ranges from \$335 - 350.00, and \$360 - 375.00 for a 55 minute conjoint couple session. The fee for an individual 90 minute session ranges from \$510 - 525.00. The fee for a 90 minute conjoint session ranges from \$535 - 550.00. Extended family sessions are priced depending on the number of members participating. The fee for 30 minute sessions is \$175-185. The fee for two-hour group sessions is \$120 - 130.00 per week and is **charged monthly for all sessions convened.**

In addition to weekly appointments, I charge for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations charged for in 15 minute increments,

attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

A reduction of my fees may be considered when determined that it is helpful to allow one to more comfortably afford treatment. Please discuss this with me if you feel that you might qualify for a fee reduction.

### **INSURANCE**

I am not a contracted provider with any insurance company though many insurance plans do provide some reimbursement for services rendered. I am considered a fee-for-service provider. If you have a health insurance policy that allows PPO or out-of-network treatment, I will provide you with a monthly Superbill that you can send in to the insurance company for reimbursement; however, you (not your insurance company) are responsible for full payment of my fees. It may be important that you find out exactly what mental health services and benefits your insurance policy covers prior to commencing treatment.

### **CLIENT LITIGATION**

I will not normally participate in any litigation or custody dispute in which Client and another individual, or entity, are parties. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such appearance at my customary rate, to be determined and discussed. Moreover, Client agrees to hold Therapist free and harmless from claims, demands, or suits for damages, save negligence, that may result from such treatment.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held unless other arrangements are made. Payment schedules for professional services will be discussed and agreed to when requested. For example, payments for services provided during the month may be charged and paid for at the end of each month. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

You may pay for services rendered by cash, check, Zelle or with a credit card if you prefer. **A**

**3.0% surcharge is added to the balance owing if you decide to utilize a Visa, Amex or MasterCard.** I ask that you complete a credit card billing agreement form irrespective of whether you will use it to pay for your sessions. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of charging your card for the balance owing.

### **CONTACTING ME**

I work remotely as well as in my Woodland Hills office typically on Wednesdays and Fridays. I can be reached via my landline at (818) 348-8948 or via [DrJ@DrStephenJohnson.com](mailto:DrJ@DrStephenJohnson.com). While I may be in my office between the hours of 10:00 AM and 7:00 PM, I do not answer the phone when I am with a Client. When I am unavailable, my telephone is answered by my assistant, Annette, or voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the possible exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Texting may be utilized when discussed and agreed upon.

If you are experiencing an extreme psychological emergency and are unable to reach me and feel that you can't wait for me to contact you, call 911, your family physician, or go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **PROFESSIONAL RECORDS**

I do take notes during sessions. I may also produce other notes and records regarding a Client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain for a certain period of time. Such records are the sole property of the Therapist. I will not alter my normal record keeping process at the request of any Client. Should Client request a copy of Therapist's records such a request must be made in writing. Therapist reserves the right, under California law, to provide a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the records under certain circumstances. I maintain Client records for at least ten years following termination of therapy. After ten years, a Client's records may be destroyed in a manner that preserves Client's confidentiality.

## **CONFIDENTIALITY**

The information disclosed is generally confidential and will not be released to any third party without your written consent, except where required or permitted by law. **I am a mandated reporter; therefore, Exceptions to confidentiality include, but are not limited to, reporting child, elder, and dependent adult abuse, when a Client makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to himself or herself or the person or property of another.** I hold the client privilege maintaining confidentiality under most circumstances and will assert this privilege in a court of law.

## **PROFESSIONAL CONSULTATION**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I may participate in clinical, ethical, and legal consultation with appropriate professionals. In the event of such consultations, I will not reveal any personally identifying information regarding a Client.

## **TERMINATION OF THERAPY**

A Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, issues regarding payment of fees, conflicts of interest, failure to participate in therapy, or when a Client's needs are outside Therapist's scope of competence or practice. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, it is generally recommended that Client participate in at least one termination session. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.

## **ACKNOWLEDGEMENT**

By signing below, you are acknowledging that you have reviewed and fully understand the terms and conditions of this agreement. You understand that you may discuss such terms and conditions with me, and address any questions with regard to its terms and conditions answered to your satisfaction. Therefore you agree to the terms and conditions of this Agreement and consent to participate in psychotherapy with me. Please return this form to be added to your file.

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Client #1 - Name (please print clearly)

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Client #1 - Signature (or authorized agent)

Date

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Client #2 - Name (please print clearly)

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Client #2 - Signature (or authorized agent)

Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any third-party payor.

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Name of Responsible Party (Please Print)

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Signature of Responsible Party

Date