

Marriage, Family & Individual Therapy
J. Cameron Preece, Ph.D., LMFT
Licensed Marriage & Family Therapist

INFORMATION ABOUT YOUR THERAPIST:

My wife and I and our four children have recently relocated to Boise from Syracuse, New York. I hold a Ph.D. in Marriage & Family Therapy and I am licensed to practice in the state of Idaho. I work with individuals, couples, and families addressing a wide variety of issues. I am committed to a practice that is founded on personal integrity, excellence and service.

FINANCIAL POLICIES:

Full payment or co-payment is due at the time of service. The office will accept cash, check, and a postdated check which can be held up to ten days.

Your insurance policy is a contract between you and your insurance company. I am not a party to that contract. I will, however, bill all primary insurance as a service to my clients.

If your insurance has not paid your account in full within sixty days of billing, I will require the balance to be paid in full. My patient Accounts department will however, make every effort to help you resolve any problems which your insurance company may have with paying your claim.

If you are receiving assistance from your church or a charity organization, please talk with a Patient Accounts Representative before scheduling your appointment. Sessions are generally 50 minutes long unless otherwise scheduled. You will be charged a prorated fee for consultations over the phone that involves therapeutic issues other than obtaining and canceling appointments.

UNATTENDED CHILDREN: Please note that our office does not allow and are not responsible for unattended children (under 12) in the lobby.

EMERGENCY SITUATIONS: For emergencies after hours, please call Intermountain Hospital at 377-8400.

CANCELLATION AND NO SHOW POLICY: If you need to change or cancel an appointment, please do so as soon as possible. If cancellation does not occur at least 24-hours prior to your appointment, you may be charged for that appointment.

YOUR RIGHTS AS A CLIENT:

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain the approach and methods used.
2. You have the right to decide **not** to receive therapeutic assistance from me; if you wish will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal, or financial obligation other than those already accrued.
4. One of your most important rights involves confidentiality: Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. At times, therapy will involve the participation of more than one family member and/or significant persons; however, I do not guarantee confidentiality between participants in the therapy session.
5. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies **without your permission**. Also, I am **not** required to inform you of my actions in this regard. These situations are as follows:
 - (a) If you threaten bodily harm or death to another person, I may be required by law to inform the intended victim and appropriate law enforcement agency.

- (b.) If you threaten bodily harm or death to yourself, I may inform the law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aide in prohibiting you from carrying out your threats.
- (c.) If a court of law issues a legitimate subpoena, I may be required to provide the information described in the subpoena.
- (d.) If you reveal information relative to child abuse or neglect, I am required by law to report this to the appropriate authority.
- (e.) If you are in therapy or being tested by order of a court of law, the results of the treatment or tests ordered may be revealed to the court.

LIMITATIONS OF THE THERAPY CONTRACT:

- (A.) I am not a physician and cannot prescribe medication or give recommendations about physical problems. Nevertheless, depending on the nature of the presenting problems, I may require you to consult with a physician before proceeding with therapy.
- (B.) I cannot guarantee that each person's goals in therapy will be met completely. Seeking to resolve issues between family members and other persons can lead to discomfort, as well as relationship changes that may not be originally intended.

SIGNATURE SECTION:

I have read, understood, and agree to the contents and terms of this document.

X _____

Date:

X _____

Date: