

Christopher Chappell, MA, MS, LMHC (license #0135661)

Therapist-Client Agreement

Client Name: _____

Voluntary Participation and Client Responsibility. You (the client) are aware that you choose to begin counseling and you can choose to discontinue being in counseling at any time. As a participant in counseling, you understand that you are fully responsible for your well-being during and after the sessions including your own choices and decisions. You acknowledge that all decisions regarding any issues in your life and the choices that you make are exclusively your responsibility.

Privacy. This office follows procedures as established by the Health Insurance Portability and Accountability Act (HIPAA) to protect your personal health information. You will be allowed the opportunity to receive a copy of the privacy policy. If I require additional information about your case from another practitioner, I will ask that you sign a Release of Information form so that I may contact that individual or organization.

Confidentiality. Client understands that any information disclosed to me, counselor, will be held as confidential unless you state otherwise, in writing. The client's information is completely confidential unless otherwise stated by law, or if the client has given written permission to share information. Clients are free to share any information about the sessions as they wish except for information of another client party present. THERE ARE SOME EXCEPTIONS TO CONFIDENTIALITY, including, but not limited to, if I believe that you are at risk of harming yourself or someone else, have reason to suspect child abuse, or if your treatment is court-ordered and the court has free access to your file. PLEASE LET ME KNOW IF YOU HAVE ANY CONCERNS ABOUT CONFIDENTIALITY SO THAT WE MAY DISCUSS THEM.

About Counseling. I use a variety of counseling techniques and interventions, including mindfulness, stress reduction techniques, Trauma Resiliency Model, Solution-focused Brief Therapy, nature therapy, earth-based ceremonies, and others. I will recommend those interventions that I believe are most appropriate for your situation as we work together. You, however, will always be involved in the decision as to what interventions to use and will have final say. Counseling will only be effective to the extent that you are an active participant in the process, both during and between sessions. The intention of counseling is to facilitate the client in solving their problems, recognizing more fully who they are, and to move in the direction of living life more fully.

No-Show/Cancellation Policy. **24 HOURS NOTICE of CANCELLATION is required** to avoid being charged full rate for a session. You must contact me via telephone or text message at least 24 hours prior to your scheduled appointment in order to cancel the session. If you are going to be more than 15 minutes late for a session, please call or text me so that I do not leave the meeting location.

Telephone Policy. I will normally return phone calls regarding counseling services within 24 hours or earlier, unless otherwise stated or when I am on vacation or out of town (in which case, I will leave a message to that effect on my voicemail). Text messages are only to be used for scheduling or meetup purposes.

Email Policy. I welcome the use of email for logistics of meeting locations, equipment needs for outdoor sessions, or scheduling changes when they are done a few days in advance of a session. If you must cancel a session on short notice (less than 48 hours before a session), please use phone or text. My email system is not HIPAA compliant, so there is a risk that the information sent via email is not confidential. If you prefer not to use email, please let me know on the Information Sheet form, or communicate that to be me directly.

Emergencies. In an acute physical emergency, please call 911. In a mental health emergency, please leave a message on my voice mail, and if you need immediate attention, please call 820-6333 Crisis Response of Santa Fe.

Referral Policy. If I believe that you will be better served by seeing a different counselor, or an additional professional (such as a psychiatrist or treatment center), I will discuss this with you and make a referral.

Client Complaints. If you are unhappy with any aspect of our work together, please verbalize this directly to me. Through discussion, we may be able to adapt the work to better serve your needs, or, if there is a significant complaint, arrive at a resolution that is satisfactory. If you continue to have complaints, you may contact the New Mexico Counseling and Therapy Practice Board.

Termination Policy. We will discuss, as needed, changes in the frequency of sessions and/or plans to terminate counseling. If you wish to terminate counseling, please bring it up for discussion in our sessions. If you cancel appointments and do not reschedule, I will attempt to contact you to understand the situation. Should you decide not to return for any reason, please contact me to let me know. I will facilitate a referral to other services if desired. You are always welcome to return in the future for continued counseling at any time if we have worked together previously.

Ethics. I follow the ethics guidelines of the New Mexico Counseling and Therapy Practice Board.

Consent and Agreement.

I, the client, have read and I understand the guidelines and policies for my counseling sessions with Chris Chappell, LMHC, on this page and on the front page of this agreement. I have read and agree to the above:

Client Name: _____

Client signature: _____ Date: _____

Therapist Signature: _____ Date: _____
Christopher Chappell, MA, MS, LMHC (#0135661)