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PSYCHOTHERAPY CONTRACT

Psychotherapy is a collaborative process between the therapist and the client or family that has as its goal an improvement in functioning. The focus of the therapy may include such issues as self-care, interpersonal relationships, management of thoughts, emotions, and behavior, or increased capacity for independence and autonomy. The therapist will be working to help the client understand the connections between current feelings, thoughts, and experiences, as well as how the past may still be influencing the present. It is not uncommon for the therapy process to be difficult, even painful, at times when issues that may have been avoided or ignored come into the analytic process. It is important that the client be willing to discuss any questions or concerns he or she has about the treatment process including reactions to the therapist or her interventions.

Charges for the psychotherapy hour are based on a rate of \$165 for the initial 50-minute diagnostic session (or \$275 for an extended 90 minute session) and \$150/\$165 for subsequent sessions of individual/family therapy. All fees are payable at the time of service unless other arrangements have been made in advance. Your insurance company may assist in the cost of treatment, and I will be happy to fill out necessary forms and paperwork, but it is the client's responsibility to file for insurance reimbursement. Clients will be charged for any appointment that is cancelled with less than 24 hours notice. Missed appointments will be charged at the full fee and are not reimbursable by insurance. When possible, the therapist will make every effort to reschedule within the same week, and if that occurs, there will be no missed appointment fee. Delinquent accounts may be subject to submission to a collection agency, but every effort will be made to resolve this in another fashion. Statements will be sent out at the end of the month via email or by post, if preferred.

Confidentiality

My professional and personal ethics require me to keep fully confidential all aspects of your therapy, and not discuss it with anyone without your permission. This right to privacy is protected by national health policy as well (HIPAA), and cannot be abridged without your consent. With a few particular exceptions, I will not disclose information about you or your treatment to anyone unless I have a written authorization signed by you, and specifically naming the person or agency who is to receive the information. Such an authorization for disclosure of private information will stay in effect during the course of the therapy unless revoked by you in writing. In addition, you may limit the information to be disclosed, and I cannot share any other information.

There are a few exceptions to this rule including the need to report child abuse or elder abuse, and to intervene appropriately where there is an imminent risk of suicide or homicide. Under these circumstances, your privacy may be abridged in the interest of safety. There are also rare instances where a therapist's records may be demanded by the courts. Since I do not support any violations of your confidentiality, I would do everything possible to resist such a situation if you did not agree to allow the disclosure. However, I must obey the law, and if records were subpoenaed, I would discuss with you what information I might have to release. There are two other situations in which I might discuss you with my colleagues. The first is if I am going to be unavailable and wish for another therapist to manage any clients in crisis. The second is during a consultation with my colleagues when I might request assistance about my practice. In the second case, I would avoid revealing personal identifying information.

Technology has become an increasingly important part of the lives of most people and frequently makes communication and connection with others faster and easier. However, this technology brings with it concerns about privacy. Only client-therapist communications conducted face-to-face in a private office or via a secure internet platform can be assured total confidentiality. Other communications including those via email, text, and cell phone have potential vulnerabilities to privacy encroachment. If you decide to use any of the aforementioned forms of technology to communicate with me, I will (as always) do everything I can to protect your information, but neither email nor texting are completely secure. If you decide to use technology as part of your therapy or to communicate about your sessions, you agree that you understand that none of these technological communication methods are entirely free from the risk of potential external intrusion. If you have questions about this, please discuss them with the therapist so that you can determine what is the best plan for you. I regularly use these forms of technology in my practice as they afford

many benefits, but it is essential that each client decides for him or herself whether they wish to accept the associated risks. If you are a client with whom I have internet sessions, we will have an initial session to determine if you have the appropriate technology available, and a back-up plan in case of technology malfunction will be arranged.

It is my customary procedure to contact clients and send monthly statements via email. If you do not want me to communicate with you via email, please initial here:_____.

I have read the above information and agree to it.

Signature

Date

_____ / ____ / _____