



CONTRACT, OFFICE PROCEDURES, AND FINANCIAL AGREEMENT (Informed Consent) FOR PSYCHOTHERAPY SERVICES

Welcome to Care Networks Consultancy Services. This document contains important information about Care Networks Consultancy professional services and business policies. We are governed by various laws and regulations and by the code of ethics of our profession. The ethics code requires that we make you aware of specific office policies and how these procedures may affect you. Therefore, we are providing this information in writing.

We encourage you to take the time to read through this carefully before your first appointment. Please jot down any questions you might have so that you and your therapist can discuss them at your initial meeting. When you sign this document, it will represent a contract between you and Care Networks Consultancy Services.

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CARE NETWORKS CONSULTANCY SERVICES (CNCS) is a private, independent consultancy firm that is educational, therapeutic, and benevolent by nature, accredited by Kenya Counseling and Psychological Association (KCPA). The coaches are ICF Certified

CNCS partners with Trauma, Substance abuse, Marriage, Children, Adolescent and Family counselors who are either:

- a) Licensed by the Kenya Counseling and Psychological Association (KCPA), and are practicing therapists;
- b) Graduate interns who have a Master's degree and are working towards completing their hours for licensure; and
- d) Interns who are working towards the completion of their Master's degree program in counseling psychology.

CNCS partners with organizations that have embraced the coaching culture.

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CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependant or elder abuse or neglect; where a patient presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status as an issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by CNCS. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. CNCS counselors will use their clinical judgment when revealing such information. CNCS will not release records to any outside party unless they are authorized to do so by all adult family members who were part of the treatment.

TELEPHONE & EMERGENCY PROCEDURES:

- ◆ The **best phone number** is your **therapists** or **0719542294** if your therapist is unreachable. If you receive the voice mail, please leave a message for your personal counselor. Your counselor may be on the phone, in therapy with someone else, or out of the office.
- ◆ **In a crisis**, if your therapist cannot be reached and **you are in imminent danger, call the police (999), or go immediately to your local emergency hospital.**
- ◆ If you need to contact CNCS between sessions, for an emergency, please indicate it clearly in your message. Telephone calls are monitored during the day as time allows and therefore, we cannot guarantee immediate return calls. CNCS



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counselors are not responsible for your behaviors or decisions occurring outside the consultation room, whether before or after a telephone call or consultation.

- ❖ If there is an emergency whereby a CNCS counselor becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the counselor will do whatever he/she can within the limits of the law, to prevent you from injuring yourself or others; and to ensure that you receive the proper medical care. For this purpose, the counselor may also contact the person whose name you have provided as an **Emergency Contact** on the *Intake Form*.

INFORMED CONSENT FOR TELEPHONE, ELECTRONIC, AND MAIL CONTACT AND ONLINE COUNSELLING: Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or mail. Nor is deletion or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with CNCS constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this contract, you agree to and understand the following:

1. Many people feel comfortable communicating via email, because they have installed programs designed to detect spy ware, viruses, or other dangerous software. However, there is no guarantee that such programs will work 100%.
2. Sent and received emails are stored on both CNCS and your computer until deleted. CNCS may or may not delete such emails. Any saved emails will be kept in a password-protected account that only CNCS has access to.
3. In addition, whenever you send an email, it is stored in cyberspace. It is possible for authorities to locate and read such emails under various circumstances, this is not a policy of CNCS, but is due to the nature in which email is transmitted using the Internet, and other services or networks. For more information on this, please contact your Internet Service Provider or email service.
4. You shall not record any sessions help online and neither will your therapist.
5. By initialing below, I agree that I understand the disclosures listed above regarding communicating with CNCS using email. I also agree that if I send an email to a CNCS counselor and request a response via email, that I am willing to accept the above-stated risks. I also agree that I will not use email for emergencies.

APPOINTMENTS: All office visits are by appointment and may be scheduled through the office manager or your counselor directly. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available to anyone else. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 50 minutes. If you are unable to keep a scheduled appointment, you must notify CNCS **at least 24 hours in advance** to avoid having to pay for the canceled or missed appointment. Please leave a message if you get the voice mail. If you miss or cancel your appointment, you will need to contact the office for a new appointment time.

Cancellation Policies: Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 24 hours notice** is required for rescheduling or canceling an appointment. **You will be charged for the full amount of a scheduled fee without such notification;** as per agreed fee per session. ***Your compliance in keeping appointments and active participation in treatment is vital.***

PAYMENT



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- ❖ **MODE OF PAYMENT IS CASH, MPESA.** For online sessions, it is a must you pay by Mpesa Prior to the session. Not paying shall be deemed to mean that the therapist will not secure the time for you and will not avail themselves for the session).
- ❖ The **fees for each session** shall be paid at the reception and a receipt obtained at the reception before going into the therapy room.
- ❖ **Additional fees** are charged for lengthy telephone communications, court attendance and report/letter writing.
- ❖ Where personal cheques are given, Kshs.3000/- **service fee** shall be charged **for cheques returned** for non-sufficient funds, and the client will be required to pay for future sessions in cash. Before any future visits occur, the client or responsible party must pay **in cash** the service charge **PLUS** the value of the cheque.
- ❖ The fee per counselling session is **Kshs 4,000/-** paid prior to the session for individuals; **Kshs 6,000/-** for couples/parents; Kshs 8,000/= for groups (5 persons maximum- **Kshs 1,000/-** for any additional person).
- ❖ The fee per coaching session is **Kshs 10,000/-** per person

THE PROCESS OF THERAPY/EVALUATION: By signing this agreement you are authorizing and requesting that CNCS carry out counseling treatment and/or diagnostic procedures that now or during the course of your care as a client are advisable. Participation in therapy can result in a number of benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy.

Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. CNCS will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. CNCS may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, CNCS is likely to draw on various psychological approaches according, in part, to the problem that is being treated and an assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

- ❖ I understand that if I am concerned about slow progress or lack of progress I have the right to speak about my concerns.
- ❖ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.
- ❖ I understand that there are some occasions when confidentiality can/must be breached. These are:
 - a) I sign a *Release of Information Form* or I verbally direct my counselor to tell someone else,
 - b) My counselor determines that his/her client poses a threat to self or others,
 - c) My counselor is ordered by a court to disclose information,
 - d) My counselor suspects child abuse or elderly abuse has taken place and will notify Child Protective Services, or
 - e) Forensic consultation or treatment ordered by the courts.



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- ❖ I understand that counseling can improve as well as upset the equilibrium in any person or family.
- ❖ I understand that CNCS counselors are not psychiatrists, they are Qualified Master's level therapists and Doctorate students, and as such cannot recommend or prescribe medications but can encourage clients to see an M.D. for a medical evaluation.

Rights and Risks:

- ❖ Please feel free to ask questions about any aspect of the counseling process. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the CNCS counselor's expertise in employing them, or about the treatment plan, please ask and you will be answered fully.
- ❖ If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- ❖ You need to be willing to discuss what troubles you and be open to change.
- ❖ You may remember unpleasant events, arouse intense emotions, and/or alter close relationships.
- ❖ You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that CNCS does not provide, the therapist has an ethical obligation to assist you in obtaining those treatments.

PROFESSIONAL RECORDS: The laws and standards of the profession require that CNCS keep treatment records. You are entitled to receive a copy of your records, or your therapist can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your counselor so that she/he can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

TERMINATION:

- ❖ An orderly end of therapy has positive effects for clients. It is suggested that you discuss openly with your counselor your wish to end therapy at least three (3) sessions before your last session. A final closure session has proved to be very important for clients. Closure sessions help you acknowledge and summarize what you have accomplished and discuss any unfinished concerns you may have. While not required they are strongly recommended; you have the right to terminate therapy at any time. If you choose to do so, CNCS will offer to provide you with names of other qualified professionals whose services you might prefer.
- ❖ If at any point during psychotherapy, an CNCS counselor assesses that she/he is not effective in helping you reach the therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, the counselor would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, the CNCS counselor will talk to the psychotherapist of your choice in order to help with the transition.
- ❖ If at any time you want another professional's opinion or wish to consult with another therapist, CNCS will assist you in finding someone qualified, and with your written consent, will provide her or him with the essential information needed.
- ❖ If you don't show-up for three consecutive scheduled appointments, your treatment will be considered canceled and terminated and you will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance.

Consent: In order to evaluate our services may we have permission to contact you once you have completed your counseling with the understanding your response will be held confidential? ___ Yes ___ No

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:



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I have discussed these policies with a Care Networks Consultancy Services staff person and all questions are answered to my satisfaction. I have been offered a copy of these policies to take with me if I desire.

Signature of Client/Legal Representative

Print Name

Date

Additional Client Signature (Spouse, /Partner, Family Member)

Print Name

Date