

Jennifer Olden, MFT

Couple Counseling

By signing this contract you are agreeing to enter treatment with Jennifer Olden, LMFT #42693, certified EFT therapist and certified EFT supervisor.

_____ **I. Your Rights as a Client**

(initials)

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time not to receive therapy from Jennifer Olden. If you wish, she 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 obligations other than those already accrued.

_____ **II. Confidentiality**

(initials)

1. 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 permission. At times therapy will involve the participation of more than one family member and/or significant persons. If we are doing Couple or Family Therapy, while Jennifer Olden will attempt to follow your wishes, she does not guarantee confidentiality among participants in the therapy.
2. There are certain situations in which Jennifer Olden is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - a. If you threaten bodily harm or death to another person, Jennifer is required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If you threaten bodily harm or death to yourself, Jennifer Olden will inform the appropriate law enforcement agencies and others (such as spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
 - c. If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, Jennifer Olden is required by law to report this to the appropriate authorities.

(initials) **III. Therapy Services and Fees**

1. Couples therapy is 75 minutes. Individual sessions are 50 minutes. You are encouraged to schedule appointments weekly for effective treatment. If you are unable to attend your scheduled appointment, you must call 24 hours in advance or you will be charged full fee.
2. Payment is required at the time of your appointment unless other arrangements have been made in advance. If at any point in the course of treatment you are unable to pay your fee please communicate this to Jennifer and fee arrangements will be negotiated. The fee is \$170 per 60 minute session.
3. Email communication is for **non-emergencies** only. It may be used for appointment changes, referrals and **non-clinical** questions. Jennifer Olden typically responds to email within 48 hours during the work week, unless she is out of town or not at work for some reason. If you are canceling an appointment with less than 24 hours' notice, please leave a message at her work number.
Jennifer's email address is: jenniferolden@gmail.com

(initials) **V. Couple work: Emotionally Focused Therapy**

EFT is a structured approach to couples therapy formulated by Sue Johnson and Les Greenberg in the early 80's. The strategies and techniques of **EFT** are also used with families. A substantial body of research outlining the effectiveness of **EFT** now exists. This research demonstrates that couples significantly improve over the course of treatment and continue to get better at two year follow up. Please refer to the EFT website to get further information about the treatment model and present outcome research (<http://www.iceeft.com>).

Therapist Communications

Jennifer Olden may need to communicate with you by telephone, mail, or other means. Please be sure to inform her if you do not wish to be contacted at a particular time or place, or by a particular means.

____My therapist may call me at my home. My home phone number is: ()

____My therapist may call me on my cell phone. My cell phone number is: ()

____My therapist may call me at work. My work phone number is: ()

____My therapist may send mail to me at my home address.

____My therapist may send mail to me at my work address.

____My therapist may communicate with me by email. My email address is: _____

____My therapist may send a fax to me. My fax number is: ()

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Address: _____

Therapist Signature: _____ Date: _____