

Wendy Westergard MA, MSC, LMFT, LCADC
Marriage and Family Therapy
126 Mt. Rose Street
Reno, Nevada 89509
775-232-1281
www.wendynason.com

Disclosure Statement and Client Contract

I hope this contract answers preliminary questions regarding therapy. If you have further questions, please ask me. I work with individuals, couples and families. I am a Licensed Marriage and Family Therapist and Licensed Clinical Alcohol and Drug Counselor. I am a Certified Guided Imagery Therapist. I have completed the Level 1 trauma-informed training through the Sensorimotor Psychotherapy Institute and am participating in the Level 2 training, which focuses on attachment.

Clients' Rights and Responsibilities

All communication between a licensed therapist and client will be held in strict confidence subject to state and/or federal law. I must respond to subpoenas accompanied by a court order to disclose information. Also, the general confidential relationship between therapist and client does not apply to disclosure of child abuse/neglect or elder abuse/neglect or to threats to the physical well-being of other persons or oneself.

For the therapy experience to be beneficial, you will explore thoughts, emotions, beliefs, physical sensations and guiding principles. Please be aware that this growth process might feel difficult at times.

Your responsibility is to attend scheduled sessions. There is a \$25.00 fee for rescheduling an appointment, regardless of the amount of time ahead of the appointment. You will be required to pay the full amount of the session if you reschedule/cancel/or miss the appointment without notice at least 36 hours (Monday through Friday) in advance of the appointment time. The card on file will be charged for these fees.

Office Hours, Appointments and Technology

My office hours will usually be Monday through Friday from 9:00 a.m. to 5:00 p.m. Clients call 775-232-1281 to make appointments. If I am unavailable to take your call, please leave a message and include your name, telephone number and the times you are available at that number. I will return your call as soon as possible. My voice message includes crisis call numbers in case you need assistance and are not able to reach me. My phone number can be used to text for scheduling, but not for therapy. I will only respond to texts which regard scheduling an appointment. In general, I do not use email to communicate with clients, except for scheduling and invoicing purposes

Length of Therapy

We will work together in a collaborative approach to determine the frequency and duration of treatment. Client will not be considered to be receiving treatment unless client is regularly attending therapy sessions.

Training

I have a Master of Science Degree in Marriage, Family, and Child Therapy from the University of Phoenix. I also have a Master of Arts Degree in Speech Communication from the University of Nevada, Reno. I am a certified Guided Imagery Therapist, with over 130 hours of training in Guided Imagery. I have successfully completed the Level 1 training program through the Sensorimotor Psychotherapy Institute: Professional Training in Somatic Psychology. Level I includes training in affect dysregulation, survival defenses and traumatic memory.

Disclosure of Financial Policies

The American Association of Marriage and Family Therapy Code of Ethics advises therapists to disclose financial policies. Please be advised that unpaid balances and nonpayment may result in legal recourse and/or the use of collection agencies.

Payment is due at the start of each session

Please don't attend a therapy session if you are sick. You won't be charged for missing a session if you call before the appointment to inform me that you are sick.

Other than illness, clients are responsible for full payment if they miss the appointment without cancelling within 36 hours during business hours Monday through Friday. Clients are responsible for payment of the \$25.00 fee for rescheduling an appointment, regardless of the amount of time ahead of the appointment. The credit card on file will automatically be charged at the time of the missed appointment, for the full amount of the therapy session. The credit card on file will automatically be charged at the time of the rescheduled appointment for the amount of \$25.00. If payment on the credit card or check doesn't go through, legal recourse and/or collections agencies may be used.

Forms and Items on File

At the start of the first session, clients are required to upload the required forms and credit card on the teletherapy platform.

Wendy Westergard M.A., M.S.C.
Licensed Marriage and Family Therapist
Licensed Clinical Alcohol and Drug Counselor
Certified Guided Imagery Therapist
Level 1 trained Sensorimotor Psychotherapy

Client Signatures

My signature below acknowledges that I have read the above statements and that I agree to the terms. I give my consent for Wendy Westergard to treat me and my children, including use of Guided Imagery and Sensorimotor Psychotherapy. I agree to the limits of confidentiality and HIPAA regulations and that the notice of privacy practices for protected health information has been made available. I understand their meaning and ramifications. I consent to the financial terms as stated and give Wendy Westergard permission to charge my credit card.

_____ Client's Printed Name	_____ Signature	_____ Phone	_____ Emergency Contact	_____ Date
_____ Parent or legal guardian	_____ Signature	_____ Phone	_____ Email	_____ Date
_____ Parent or legal guardian	_____ Signature	_____ Phone	_____ Email	_____ Date

Please sign below if you consent to the above information if you are participating in family therapy, but you are not the identified patient. Sign below if Wendy Westergard is not your primary therapist.

_____ Printed Name	_____ Signature	_____ Date
-----------------------	--------------------	---------------