



Gia Vajrini Buonaguro, MFT
PSYCHOTHERAPY • EMDR • FLOWER ESSENCES ASTROLOGY

Consent to Treatment:

The client/therapist relationship is a unique one. It is highly personal, and at the same time it is a business contract. Therefore, it is important that we have a clear understanding and agreement about our individual responsibilities, expectations, and obligations. Please print two copies and read and sign these guidelines. Please bring both copies to the first session so that I can sign them both and return one to you so that you may have it for your records.

The following is an overview of the professional services I provide to assist you in developing awareness and understanding, improving communication skills, clarifying and resolving problems, and promoting well being in your life.

INDIVIDUAL PSYCHOTHERAPY:

Our weekly meetings will be psychotherapy with adjunctive practices to support you in your unique direction toward wellness. The intention of the work is to guide you toward acquiring the necessary skills and knowledge needed to handle your life and your relationships more effectively, as well as to set new goals and visions. The therapeutic relationship itself is an important aspect of growth and healing. Therefore, our interest will also focus on what is experienced between us as a means of restoring, repairing, and healing past and present injuries.

I come to the work from a holistic standpoint which means, unlike other MFTs, I will also use adjunctive (or complementary) practices such as nutritional counseling, astrological support, breathing techniques, meditation, psycho-spiritual counseling, somatic awareness work, and flower essence therapy in conjunction with traditional psychotherapy. These practices are used as a supportive addition to psychotherapeutic techniques, explanations, and interpretations.

It is recommended that you continue your medical care and any other of the healing arts and/or spiritual practices that support you. By law, I cannot practice medicine so I recommended that you consult with your doctor regarding any nutritional suggestions made here. You have the right at any time to ask questions about any aspect of your sessions with me, and the right to expect that I will work with you to address your concerns.

LENGTH OF SESSIONS:

Our time together is 50 minutes. Sessions begin and end at the scheduled time regardless of when you arrive for your appointment.

FEES:

Your fee is \$_____ per session. It is to be paid at each session in cash or by check made payable to Gia Buonaguro, MFT. Please make out your check beforehand and give it to me at the beginning of the session in order to maximize our time together. There will be reasonable fee increases on a yearly basis. We will always discuss this together before any increase is established.

APPOINTMENTS, CANCELLATIONS, AND RESCHEDULING:

Your appointment time is reserved for you. Should you cancel your appointment without 48 hours notice, you will be charged the full fee, which is payable at your next appointment. Exceptions are extreme emergencies, or if your missed appointment can be rescheduled to within 7 working days of the original appointment. The option of rescheduling your regular appointment due to illness or time conflict is always available to you.

INSURANCE:

Payment for sessions is the responsibility of the patient. If I am out of your health insurance network, either you or I will submit claims to your health insurance provider. I will provide you with a monthly statement of services so that you may be reimbursed, or I will submit a HICFA form to your insurance company myself. If I am in your health insurance network, you will be responsible for your co-pay as long as your insurance company pays the remainder. Insurance coverage is not always guaranteed, so please check with your company about your benefits and deductables, if authorization is needed, the amount of your co-pay, and how many session are authorized per calendar year.

TELEPHONE CALLS:

I have voice mail system that sends me a text when I have a message. I will attempt to return calls as soon as possible. Please leave phone numbers and times at which you can be reached. Consultations of up to 10 minutes are available at no additional fee. For more than 10 minutes, it is best to schedule an additional session. If you wish to have a telephone consultation, the fee will be your regular per session fee, pro-rated in 10 minute segments.

REFERRALS:

Referrals to this office are always welcome, and considered a statement of your confidence. If the referral to me is inappropriate, I will then make the best referral I can to another qualified professional. If you are in need of a referral to another professional in any field, I will do my best to assist you with that referral as well.

TERMINATION:

Termination is an important part of therapy. Therefore, three weeks notice is recommended so that the work accomplished in therapy can be appropriately assessed and processed.

CONFIDENTIALITY:

Our meetings will be held in confidence. However, I am legally and ethically obligated to ensure safety, and must advise appropriate agencies, family members or other involved persons if you appear to be a danger to yourself or to others. I am also obligated by law to report child or elder abuse to the proper authorities. All other revelations shared in the context of psychotherapy sessions will not be disclosed to anyone unless I am legally required to do so or you have signed a consent form agreeing to such disclosure.

SIGNATURE:

Your signature indicates that you have read this full agreement for services and agree to its contents. If you have any questions about any of the responsibilities and obligations, please do not hesitate to ask.

Client signature

Date

Client signature

Date