

Turning Point Counseling & Hypnotherapy
(775) 901-6492

Therapy Agreement:

Welcome to Turning Point Counseling & Hypnotherapy.

The services provided by Turning Point include therapy in-person or via distant technology (phone or internet). It is important to create a trusting caring environment where we are honest with one another. The purpose our work together is to develop and implement strategies to help you reach personally identified goals so that you experience optimal physical, mental, and spiritual well-being. My services may address specific personal subjects and will likely bring up emotion and feelings that we will explore together. You have the right to ask for what you need: if you feel uncomfortable with the process to let me know.

The issues that most people work on took years to develop, please be patient with the process and allow yourself the time to create the changes you desire. The more committed you are to the work that we do, the better and lasting the results will be. I ask that you be willing to commit to and honor our work together. Continuity of care has always been at the heart of my practice because those who receive continuity have excellent outcomes, higher satisfaction rates, and the care they receive is more cost-effective. If at any time you are struggling to continue due to finances, please discuss this with me as I can offer a modified rate as needed.

Cancellations: Twenty-four hours' notice is required to cancel without charge. If you are unable to give proper notice, you are welcome to reschedule within the week.

Payments: can be made by Venmo, Zelle, cash and check. Credit cards are accepted and will incur an additional service charge of 4%. Services must be paid for in advance prior to your session. There are no refunds for services rendered.

You will find better results if you address things right away as they come up. In urgent situations please call or text and request a full session as soon as possible

Feedback: If, at any time, you feel that your needs are not being met or you are not getting what you want out of your sessions, please tell me, so we can discuss your needs and adjust as needed.

Confidentiality: I will only release information about our work to others with your written permission or if I am required to do so by a court order. I am legally obligated by Federal and State laws to breach your confidentiality in order to protect others from harm, including the following:

- (1) If I have information that indicates that a child, elderly, or disabled person is being abused, I must report that to the appropriate state agency; and
- (2) If a client is an imminent risk to themselves or makes threats of imminent violence against another person, I am required to take protective actions. These situations rarely occur, but if such a situation does occur, I will make every effort to discuss it with you

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before taking any action.

If you are participating in group sessions, you agree to maintain the confidentiality of all information communicated to you by other clients and by your therapist. It is understandable that progress is often enhanced when clients discuss their work with trusted colleagues and friends. You can have these discussions with trusted colleagues and friends, but you agree not to share any information which would allow others in the group to be identified.

Agreement:

Your signature below certifies understanding of, and agreement with, the above and the following:

I agree to utilize Turning Point services with the full understanding that Turning Point offers guidance and will in no way be responsible or liable for my decisions. I also agree to hold Turning Point and Laura Rocha free of all liability and responsibility for any adverse situations or outcome and acknowledge receipt of my own copy of this Agreement.

I authorize release of information regarding my sessions to the following persons:

Name: _____ Phone: _____

Name: _____ Phone: _____

Client's Signature: _____ Date _____

Printed Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Phone: _____

My preferred method of payment for sessions is: _____