



B.P.R. Therapy, Mediation & Coaching Services

Statement of Understanding

I understand and agree to receive therapy services with Mr. Bryan P. Range who is a private practitioner in the field of Marriage and Family Therapy. I understand that Mr. Range is a fully licensed Marriage and Family Therapist (not a psychiatrist, psychologist, LISW or LMHC) and is currently seeking his doctorate at the University of Iowa.

I understand that there is an expectation that I will benefit from therapy but there is no guarantee that this will occur. Nor is there a guarantee concerning the duration of treatment. Therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions and may lead to decisions that are, at least temporary, disruptive for myself, and/or my family. I understand that I can inquire about the nature, length, cost and consequences of my therapy at any time and that I am free to discontinue treatment at any time.

Confidentiality

All information disclosed within counseling sessions is confidential. All recordings, if I agree to be recorded, will be considered confidential and used for the purposes of monitoring the quality of services. Circumstances may arise requiring the release of confidential information. These circumstances are listed below:

- If you are deemed in danger of harming yourself or anyone else;
- If the therapist believes that a child or elder is being abused;
- If the client is a minor (under 18 years of age), the client does not have a legal right to keep therapy confidential from his/her parent(s). For purposes of therapy, however, the parent may agree to grant the minor privacy in therapy); or
- If the court subpoenas the records as they relate to court proceedings

Court Proceedings

If any participant in therapy seeks to subpoena the therapist or the therapist records or notes, that participant will pay the therapist's fees and costs for any and all time that the therapist expends in and outside of court relating to court proceedings.

Expert Testimony

The therapist will provide an expert testimony which will be his unbiased and objective professional opinion. The therapist may decline the opportunity if he feels his ability to be unbiased or objective is compromised.

Factual Witness

The therapist prefers and will serve as factual witness in collaboration with all parties. It is ideal that the therapist is free to act autonomously in order to best support and serve all parties. In the case of a subpoena, the party in which the subpoena originates will be responsible for all cost associated with court proceedings (e.g., time in and out of court, travel, etc) at a rate of \$200 an hour.

After Hours Contact/Emergencies

I understand that Mr. Range works part-time as a private practitioner and that his hours may vary from week to week. In the event of a crisis, I understand that I may:

- Dial 911 for assistance
- Go to the nearest emergency room of the nearest hospital
- Johnson County Crisis Center (855) 325-4296

Fees

I agree to pay (the initial session fee of \$200 in the case that I am paying out of pocket and) my fee/copy of \$_____, after each session. I also agree to pay the additional \$1.50 for each mile my therapist travels when and if he travels to meet me at a location other than his office at my request. I also understand that there are services rendered that may not be covered by my insurance such as court appearances, progress reports and summary of treatment letter that I will be responsible for paying out-of-pocket if requested.

Sessions

I understand that the clinical hour is 50 minutes long. I understand that the consistency of sessions can have a significant impact on the quality of treatment and that the typical weekly sessions are ideal in reaching a desired outcome. In fact, weekly sessions are vital particularly for the first 2-3 months of therapy.

Structure of Sessions

Roughly, 10 minutes is spent on the reflection of the previous session along with an introductory survey that inquires about your functions of daily living. 10-15 minutes of session is spent on logistical matters such as treatment planning, scheduling and other tasks. Finally, 25-30 minutes of session is talk therapy.

Cancellations Due to Weather

Sessions will take place via video conferencing in the case of inclement weather conditions if not rescheduled.

Attending Session Under the Influence

Attending session under the influence of alcohol or any other mind-altering substance will require the client to arrange an alternative means of transportation home. Plans for transportation home as well as retrieval of automobile, if driven to session, will be mutually agreed upon between therapist and the client.

Limitation on Confidentiality when Providing Therapy to Couples or Families

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family. I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “limitation on confidentiality” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

We, the members of the _____(couple/family or other unit) being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Bryan Range (the therapist), and that we enter couple/family therapy in agreement with this policy.

The Treatment of Children

Children or married parents can be seen when both parents consent for by their child to be treated. In the case of divorced parents, it is either one or both parents that has been given “decision making authority” who can make decisions regarding the selection of treatment providers. When both parents have been given decision making authority after a divorce, both parents must consent for their child to be treated. When one parent has decisions making authority, the other parent maybe entitled to information concerning treatment depending on state laws. The parent who does not have The Divorce Decree or Custody Order maybe requested in order to verify decision making authority.

Cancellation and Missed Appointments

There is a 24-hour cancellation policy. Missed sessions (no shows) will be required to pay up to the full price of the session, which is \$150, or a minimum of \$75 if not cancelled within 24 hours. I understand that by consenting to have a card on file, such fees can be charged to my card upon notice from my therapist. I also understand that treatment can be terminated by the therapist under his three-no-show policy.

Integrity Clause

Therapy is not complication free. It is understandable that life happens, and that circumstances and people change. In the case that you should want to terminate treatment earlier than anticipated or for whatever reason, I ask that you discuss your reasons for early termination with me prior to making any final decisions. If you are currently seeing a therapist and looking to transition, I ask that close appropriately with your current therapist.

To be signed by all participating members:

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