

**Jennifer A. Watts, Ph.D., LMFT**  
**Psychotherapy for Individuals and Couples**

---

**1766 Century Boulevard**  
**Atlanta, Georgia 30345**  
**Tel.: (404) 449-9063**  
**Email: drjenniferwatts@gmail.com**

**PSYCHOTHERAPY/COUNSELING AGREEMENT**

Welcome to my practice. Today's appointment, and future appointments, will last 45 - 50 minutes (unless we have agreed to meet for 75 or 90 minutes). Entering psychotherapy/counseling is an important decision, and you may have many questions. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) use for the purpose of treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. *Although these documents are long and sometimes complex, it is important to read them carefully.* We can discuss any questions you have. When you sign this document, it will also represent an agreement between us, which you may revoke in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

*About Your Therapist*

I am a licensed Marriage and Family Therapist, and I have been in clinical/counseling training and practice for twenty-one years after two years of pastoral care/chaplaincy. My education and training reflect an integration counseling-psychotherapy and theology-spirituality studies: I received a Master of Theological Studies (MTS) from Harvard Divinity School in 1999, and a Doctor of Philosophy (Ph.D.) in Religion from Emory University in 2005. My graduate studies focused on the intersection of psychology/psychoanalytic studies and theology, and in my work I incorporate both psychological sciences and spirituality where appropriate. I trained clinically at the Georgia Association for Pastoral Care (GAPC)/Care and Counseling Center of Georgia (CCCG), and my clinical theoretical orientation is largely influenced by family systems theory, intersubjective psychoanalytic theory, Gottman Method Couple Therapy, Emotionally Focused Therapy for Couples (EFT), Relational Life Therapy (RLT), mindfulness, and strategic therapy. I work with individuals (adults and young adults) and couples from any religion (or none), race, sex, ethnicity, sexual orientation, and gender identity.

As part of my commitment to my clients and my development as a therapist, I participate in regular clinical consultation. I adhere to the Code of Ethics of the American Association of Marriage and Family Therapists (AAMFT, of which I am a Clinical Member) and to state and federal laws.

As a psychotherapist, there are limits to what I can do, and some practices are outside of my role or my expertise. When I become aware of reaching an area outside of my function or expertise,

I will inform you, and I will provide a referral when possible. Some areas that I know are outside the realm of my practice include (but are not limited to) the following: I am not a medical doctor, and I do not prescribe medication; I am not a mediator; I am not a custody arbitrator; I am not a psychologist and do not administer psychological tests; I do not participate in divorce mediation or child custody assessments; and I do not provide expert witness testimony. I prefer to have no direct involvement in legal proceedings. If I am called to participate in court proceedings, my fee is \$500 per hour for any action related to the proceeding, including: preparation, driving and waiting time, and time in court.

### *Therapy Process*

Psychotherapy is a voluntary process where an individual, couple, or family seeks professional guidance from, and works in collaboration with, a therapist to deal with a difficult or stressful life situation or transition, to gain new understanding, and to identify resources to deal with the situation. Some people enter the process of psychotherapy to pursue deeper self-awareness and to identify areas for growth and greater life fulfillment. Psychotherapy varies depending on the personalities of the psychotherapist and client, and the particular problems you are experiencing. There are different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things that we talk about both during our sessions and at home between sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guaranteed outcomes from a psychotherapy/counseling relationship.

Our first few sessions will involve us jointly evaluating your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions or concerns about our work together, it is important that we discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or who will meet with us and assist in reaching a resolution.

It is normal in the course of psychotherapy to experience the wide range of possible feelings and emotions, including sadness, anger, grief, confusion, frustration, joy, sexual attraction, and desire. It is normal to experience these feelings in the presence of—and even directed toward—your therapist. To provide clear boundaries and a safe context for the experience and expression of the entire range of human emotions (and in compliance with codes of ethics), once I begin a psychotherapy/counseling relationship with an individual, I will not participate in any other kind of relationship with that individual. This means that I will not at any time knowingly become a

\_\_\_\_\_ Your initials represent that you have read this page

business associate or seek business services from, socialize with, or become romantically or sexually involved with a client or former client.

I encourage you periodically to review and discuss your experience and progress with me. You may choose to end, or terminate, the therapy relationship at any time without any other financial obligation or burden other than any fees already accrued. I do recommend that you discuss termination with me to explore fully the decision to terminate, and so that I can provide any referrals, if necessary.

### *Confidentiality*

Our sessions together are confidential, which means that I cannot release identifying information about you without your prior written permission (or that of a guardian, for a client who is a minor). However, there are several exceptions to the protection of confidentiality, of which you need to be aware. The exceptions include: *evidence or reasonable suspicion of abuse against a minor, elderly person or dependent adult; a client expresses serious intent to harm her/himself or someone else; a client has signed a release of information; or a lawful subpoena or other lawful court order is received which directs the release of information.* Finally, for the purpose of ongoing clinical consultation, I will share necessary information for optimal guidance, without revealing personal identifying data.

### *Minors and Parents*

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

### *Financial Issues*

Currently my standard professional fee is \$225 per 50-minute session and \$400 per 90-minute session. I expect full payment at each session, and I can accept cash, check, or major credit/debit cards, as well as Venmo (@Jennifer-Watts-84), Zelle, and PayPal via my website.

I am happy to provide you with a statement of service if you request one for your records or to submit to your insurance company for reimbursement. (I am not on any managed care panels,

\_\_\_\_\_ Your initials represent that you have read this page

and I do not bill insurance companies myself.) Please be aware that all sessions with me are on a private self-pay basis, and you are responsible for full payment. I do periodically raise my fee but not more often than once every two years and not without at least one-month notice.

**Please note:** I do require 24-hour advance notice of cancellation if you will be unable to make your appointment. *Any appointment cancelled with less than 24-hour notice will be charged the regular fee*, and checks returned for insufficient funds will incur a \$20.00 fee, for which you are responsible. (See statement below.)

#### *Contacting Me*

I am usually not available immediately by telephone. If you need to get in touch with me between sessions, you may leave a voicemail message for me at (404) 449-90630. Only I monitor this voicemail, and all messages are confidential. I check my voicemail for messages periodically during my regular business hours Tuesdays, Wednesdays, and Saturdays and less frequently on other days. You can also send an email to me at drjenniferwatts@gmail.com, which I am likely to receive more quickly. Although the account is password protected, and I am the only authorized user, be aware that electronic mail is not a secure way to send confidential information. I have no control over the Gmail server, and I do also receive email on my phone, which has limited security. Be aware that I cannot discuss confidential matters over email, but I can reply to matters such as scheduling requests.

If you need to speak at length or send emails that require extensive time to read (longer than 10 minutes) between our regularly scheduled appointments, I will charge you for the time on a prorated basis based on our agreed upon session fee, or suggest an additional appointment. If you request an emergency appointment, I will expect you to make necessary adjustments in your schedule to see me when I can create an opening.

In the event of an emergency in which you are not able to get in touch with me, and in the event of any life-threatening emergency, you should call 911 or go to the nearest hospital emergency room.

#### *Statement of Understanding about Cancellation Policy*

“I am hereby entering into a contract for Jennifer A. Watts’ professional time and services when I set an appointment. I understand that by entering this contract for Jennifer A. Watts’ professional time I am specifically contracting for services to prepare for my session in advance. I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I understand that Jennifer A. Watts’ cancellation policy requires 24 hours advance notice in order to be released from the contract for Jennifer A. Watts’ time and services of preparation for my session. I agree that if I fail to cancel my appointment within the 24-hour minimum time period prior to my session I will be charged for the missed session and the services provided in preparation in the amount of the standard fee of \$225 or \$400.”

\_\_\_\_\_ Your initials represent that you have read this page

*Consent for Treatment*

Please ask for clarification of anything in this Psychotherapy/Counseling Agreement that you do not understand. If you understand and agree to the terms above, please sign below.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. THIS AGREEMENT SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed: \_\_\_\_\_

Signature of therapist: \_\_\_\_\_

\_\_\_\_\_ Your initials represent that you have read this page