



CLINICIAN–CLIENT SERVICE AGREEMENT

The purpose of this document is to provide you important information about my professional services and business policies.

PROVIDED SERVICES

The primary focus of my practice is sex therapy and relationship counseling. Therapy itself is not easily described in general statements as it often varies depending on the personalities of the clinician and client, as well as the particular concerns that you are experiencing. Additionally, there are many different methods that may be used to deal with the concerns that you hope to address. During our sessions, we will approach your concerns from a holistic perspective, taking into account the many areas of your life that may influence or effect the situations you are experiencing. Unlike visiting a medical doctor, therapy calls for a very active effort on your part. In order for the therapy to be the most successful, you will have to work on the things that we talk about, both during our sessions and at home.

Therapy can have benefits and risks. Sex Therapy, in particular, often deals with very private and personal topics that are sometimes associated with guilt and shame, and sometimes trauma. Since we will be discussing these aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, shame, loneliness, and helplessness. Sex Therapy has also been shown to have many positive benefits such as creating better relationships, increased confidence, improved communication, solutions to specific problems, reduction in feelings of distress, and an overall level of satisfaction. However, there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own options and determine if 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 about my procedures we should discuss them whenever they arise. If your doubts persist, I will be happy to help you to set up a meeting with another mental health professional for a second opinion.

CONTACT

Email: drjones@clinicalsextherapist.com **Phone:** (702) 805-8322

Please understand that due to my schedule I am often not immediately available by telephone or email. I do not answer telephone calls or emails while with a client. Email is the most effective way of communicating with me. I will make every effort to return your email within 24 hours, except for weekends or holidays.

EMERGENCIES

If you have an emergency, please call 911 or go to the nearest emergency room.

SESSION LOCATION

Unless otherwise agreed, all sessions take place virtually.

SESSION RATES

- **Individual Session:** duration 50 minutes, \$225 per session.
- **Couple Session:** duration 50 minutes, \$325 per session.

Session rates may change periodically. In the event of such change, client(s) will receive a 60-day advance notice.

ATTENDANCE, CANCELATION, AND NO SHOW

You are required to give 48 hour cancellation notice for any appointment you will miss. Missed or late canceled sessions will be charged the full session rate. Notice of personal or family emergencies (such as medical or accident) will be accepted but documentation must be provided to have the cancellation fee waived.

If a client is more than 15 minutes late to a scheduled session, without notice, the session will be considered a late canceled session. The client will be charged full session rate. If a client is late to a session, the time is deducted from their allotted time. It is important that sessions end on time out of courtesy of other clients. Clients may call or email Dr. Jones to provide notification of delay in their arrival.

INSURANCE

Sex Therapy often involves the disclosure of very intimate and personal details. As such, in order to insure the highest level of confidentiality and privacy needed for productive work, this practice does not accept insurance.

PAYMENT AGREEMENT

Requesting services signifies that the client agrees to the cost and duration of consultation. The client is responsible for the cost of each consultation. Payments may be made conveniently through the on-line portal prior to each session. Failure to make payment may result in a termination of services.

By signing below, I acknowledge that I have been provided the Clinician-Client Services Agreement, that I understand and agree with the information provided and that all of questions regarding this agreement have been answered.

CLIENT SIGNATURE

DATE