

**Gravis Therapy**  
**Ron Gravis, MA, LPC, LCDC, CSAT**

**THERAPY AGREEMENT**

This Therapy Agreement is for \_\_\_\_\_.

Welcome to the private practice of Ronald Gravis, LPC. I am a Licensed Professional Counselor in Texas. I received a Master's degree in Counseling from Liberty University and a Bachelor's degree in Psychology from George Washington University.

If you are ever in acute crisis and need immediate help, please contact one of the following resources:

- MHMR Psychiatric Emergency Service: 866-970-4770
- Nearest hospital emergency room
- 9-1-1 for emergency assistance

**NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP**

Therapy can help you better manage the challenges of daily life. Discussion of your specific goals and progress will be a central part of the therapy process. Therapy often requires the sharing of difficult thoughts and feelings and you may feel uncomfortable at times. Sometimes, the feelings may become intense. At other times, you may feel that you are not making enough progress. It is especially important during difficult times that you continue to put your thoughts, feelings and impulses into words. We will work together to consider options available to help you meet your therapy goals.

Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of this relationship. Our contact is limited to the paid sessions we have at the office. I am unable to attend social gatherings or relate to you in any way other than in the professional context of therapy sessions. My experience demonstrates that clients are best served if the therapeutic relationship remains professional and sessions concentrate on your concerns.

If we ever see each other in public, you may initiate contact with me and say hello at any time. I may not initiate contact with you in order to protect your confidentiality. If we happen to see each other at the same time, I generally acknowledge you by smiling, waving hello and then moving on. During any public interaction, please keep conversation limited to greetings and brief social discussion.

Further, I cannot have any personal or economic relationship with you other than our professional relationship associated with your therapy.

**MY PHILOSOPHY OF PSYCHOTHERAPY**

I see psychotherapy as a co-created process designed for your personal growth and healing. My theoretical approach is primarily based on cognitive therapy, and I have been influenced and have incorporated the work of many well know psychological theorists. I am trained in EMDR (Eye Movement Desensitization) and use it often in my practice, primarily with clients suffering from trauma.

Therapy is an opportunity to heal wounds, walk through grief, and discover and create your best self.

Ultimately, you have the responsibility for your own healing and growth. The more work you do while in therapy the more powerful your results may be. I am here to assist you through this journey, but it is your journey.

### **TREATMENT OUTLINE:**

The Assessment Phase of treatment relies primarily on interview, observation, and background information, and will typically reveal both strengths and weakness. It is used to form a professional opinion regarding possible issues and to formulate appropriate treatment and/services. Evaluation tools are administered and interpreted to supplement the Assessment Phase. These tools are used to provide additional information and insight.

The Treatment Phase begins with a treatment plan, which specific goals and methods of treatment are identified. Progress in treatment occurs at different rate for different people. Sometimes treatment may cause stress and anxiety. Please let me know if you experience any discomfort. We will set realistic goals together and decide who you will address your issues and concerns.

### **RECORDS & LIMITS TO CONFIDENTIALITY**

All therapy records are kept confidential and locked in my office when not in use. Under the following circumstances, I may be required to share confidential information by legal mandate:

- Client Authorization: You can give me written consent to provide information to others.
- Imminent Risk of Harm: If there is reason to believe that you may be at imminent risk of harming yourself, others, and/or property, I have the legal and ethical option to warn appropriate authorities.
- Cases of Abuse and Neglect: If there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, I am obliged by law to report the information to the appropriate authorities.
- Court Orders, Licensing Boards & Criminal Proceedings: If a court of law orders me to release information, I must comply with such an order. If a government agency who has jurisdiction over my license lawfully compels the release of records, I must comply with release. Confidentiality does not extend to criminal proceedings in Texas, so that if you are ever involved in a criminal matter, your file may be opened for court inspection.
- Inappropriate Behavior by Previous Therapist: If you disclose that a previous therapist behaved in a sexually inappropriate manner, I am legally bound to report it to the District Attorney's office and to the appropriate state licensing board. Your identity need not be disclosed if you do not want it.

I consult with other psychotherapists and discuss clinical issues. I may discuss some clinical aspects of your care with them, however, your identity is not revealed during consultations.

### **OFFICE POLICIES**

Appointments are specific times reserved for you. Sessions typically run fifty (50) minutes in length.

Service Fee Agreement:

Legal Proceedings:

If you become involved in a legal proceeding that requires my testimony, you will be required to pay for all direct professional time involved, this includes, but may not be limited to: records review, reporting writing, preparing for testimony, communication with attorneys, court appearances, travel time from the office to the court. Even if I am compelled to testify by the opposing counsel, you are

responsible for these costs. Due to the time commitment, the require fee is one hundred-fifty dollars (\$150.00) per hour, with a three (3) hour minimum to be assessed and collected prior to any preparation or appearance.

Forms and Letters:

If time permits, forms or letters requires for school, work, physicians, disability, and other such issues must be completed during your allotted appointment time. Any documents that require completion outside your appointment time are billing at the following rates:

Letters or form taking less than five (5) minutes	\$10.00
Letters or form taking greater than five (5) minutes but less than fifteen (15) minutes	\$25.00
Letters or form taking greater than fifteen (15) minutes but less than thirty (30) minutes	\$50.00
Letters or form taking greater than thirty (30) minutes	\$100/hr

Telephone Consultations:

Routine calls of five (5) minutes or less are never charged. After-hours, non-emergent and/or extended telephone consultants are charged at a rate of twenty-five dollars (\$25.00) per fifteen (15) minutes with a minimum charge of twenty-five dollars (\$25.00).

Missed Appointment:

**Twenty-four (24) hours-notice is required to cancel an appointment. Failure to provide notice will require in a full charge for services. Two consecutive missed appointments may result in termination of services.**

**If you are late for your appointment, you still will be charged the full rate for the services.**

Future Rate Increases:

I reserve the right to raise my professional fees. Should this occur, you will be given at least a 60 day written notice of any future fee increase.

**ELECTRONIC COMMUNICATION & SOCIAL MEDIA POLICY**

The primary way to contact me is my telephone at 832-846-3000. You may leave voice mail messages at this number at anytime. I will respond to voice mail messages during business hours, 9:00am – 5:00pm Monday through Friday. After hours you may leave a message and it will be returned the next business day.

Scheduling changes may be communicated by phone, text or email. **All other matters related to therapy are not accepted by email or text messaging.** Please know that I will not discuss therapeutic material through email; I simply respond by inviting you to bring this material up at the beginning of our next session. Please do not send any material via email unrelated to our professional relationship.

To respect the boundaries of the therapeutic relationships established in this office, I will not interact with you through social media. I also will not accept friend requests or follow you on social media.

## **TERMINATION OF THE THERAPEUTIC RELATIONSHIP**

The majority of therapy relationships end because clients achieve their goals and agree to terminate. You are free to end therapy at any time for any reason, whether or not I think it is clinically advisable. Please tell me in session that you plan to stop therapy, rather than just not returning, so we can review your progress and discuss any referrals that may be appropriate.

There are a few situations in which I may determine the need to end the therapeutic relationship:

- If you no longer need therapy and cannot benefit from continuing, the therapy relationship must end.
- If your needs surpass my ability to help you, I must refer you to a therapist skilled to do so.
- If you do not comply with a mutually developed therapy plan, there is no benefit in continuing therapy.
- If you do not abide by the policies and procedures of this practice (as set forth in this agreement), I may end the therapy. This includes missing appointments without 24 hours' notice, failing to contact me to reschedule missed appointments, or failing to be current in payments or other arrangements.
- If the therapy relationship becomes subject to a conflict of interest that may compromise my ability to protect your confidentiality or remain therapeutically neutral, I must refer you to a therapist who does not have such a conflict.
- If I ever decide to end my private practice or relocate it to another area.

## **COMPLAINTS**

If you have a question or concern about me, the office, our therapeutic relationship or other questions or concerns related to your therapy; I hope that you are comfortable bring these concerns to my attention. I will happily work with you to resolve any issue you may have. However, if you believe that I have violated the law, you have the right and ability to file a complaint against me with my licensing agency. You may contact the Texas State Board of Examiners of Licensed Professional Counselors. A written complaint can be sent to *P.O. Box 141369 Austin, Texas 78714-1369* or one can call for a complaint form at 1-800-942-5540.

## **RISKS OF THE THERAPY PROCESS**

Sometimes, the concerns or symptoms that brought you to therapy may worsen before improving. In addition, there is the risk that your concerns or symptoms may not improve as a result of therapy.

## **DISCLAIMER**

Neither I nor any therapist can assure you that you will improve and/or meet all your therapeutic goals. I will utilize my professional judgement and ability to provide you with my best efforts on your behalf.

### **Informed Consent for Tele-Therapy Services**

1. I understand and acknowledge that I am seeking tele-therapy services from Ronald Gravis, LPC, LCDC, CSAT.
2. I have provided Ronald Gravis, LPC an official identification with my appropriate address and I affirm that my identity and my address are correct.
3. I affirm that I am over the age of eighteen (18).

4. I agree that I do not have any serious psychiatric illness or suicidal ideations.
5. Ronald Gravis, LPC and I agree that tele-therapy services are appropriate for me considering my professional, intellectual, or emotional needs. This determination will be an on-going process throughout the therapeutic relationship. In the course of therapy that Ronald Gravis, LPC and/or I determine tele-therapy services are no longer appropriate Ronald Gravis, LPC will terminate the therapeutic relationship and assist me in locating a mental health provider near my physical location.
6. If I am in acute crisis and need immediate help, I agree to contact one of the following resources:
  - MHMR Psychiatric Emergency Service: 866-970-4770
  - Nearest hospital emergency room
  - 9-1-1 for emergency assistance
7. Ronald Gravis, LPC informed me of the risks and benefits of tele-therapy. The risks include
8. Insurance may not cover tele-therapy;
9. Greater risk of confidentiality breach than face-to-face therapy
10. More difficult for Ronald Gravis, LPC to immediately work with me if in an acute crisis
11. It is not appropriate for people with serious psychiatric illness or suicidal ideations
12. If services are provided by phone only, Ronald Gravis, LPC will not see my non-verbal communications.
13. I have signed and acknowledge Ronald Gravis, LPC's therapy agreement, which identifies numerous subject matters, including Ronald Gravis, LPC's educational background and training.
14. Ronald Gravis, LPC, LCDC, CSAT offers the following services via tele-therapy: Sexual Addiction Therapy; Trauma/PTSD/EMDR Therapy; Men's issues; Marital/Couples Therapy; Same Sex Attraction; Veterans issues; Substance Addiction Therapy; Anxiety/Panic Disorder Therapy; Mood Disorder (Depression, Bipolar) Therapy.
15. Ronald Gravis, LPC advises he received education on the use and methods of tele-therapy.
16. Ronald Gravis, LPC uses Skype to communicate with me. Ronald Gravis, LPC advises this system complies with HIPAA and other confidentiality requirements. However, Ronald Gravis, LPC also advises that technology could potentially fail and third parties could breach my confidentiality even with these safeguards in place. I acknowledge and accept these potential risks to my confidentiality. Ronald Gravis, LPC advises Skype uses encryption technology to protect our confidential communications.
17. Ronald Gravis, LPC advises Skype does not collect or maintain passive tracking mechanisms.

18. Ronald Gravis, LPC advises in the event of a technological issue we can re-schedule without any financial penalty. In the alternative, we can communicate by telephone at my sole discretion.

19. Ronald Gravis, LPC reports his therapy records are stored separate and apart from the tele-therapy technology.

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. Should any elements of this informed consent change, you will be provided a written amended copy. A copy will also be placed in your records after you have had the ability to review it, ask questions, and sign the amended agreement. You are hereby agreeing to enter into a professional therapeutic relationship via tele-therapy services with Ronald Gravis, LPC,LCDC,CSAT.

---

Print Name

---

Signature

Date