

## **Vanita Kunert, LMFT**

Licensed Marriage and Family Therapist (#12,734)  
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### **Therapy Agreement for Adult**

**Fee:** The fee is payable at each session. 50 minute sessions are \$125 and are used for individual and couples therapy sessions. One hour is considered a 50 minute session. Payable by cash or check.

Please make checks payable to **Vanita Kunert, LMFT**. There is no charge for brief telephone consultations of 10 minutes or less. Payment is expected at time of service.

#### **Services:**

Psychotherapy is a healthy, positive, supportive exploration into the issues and challenges that you may encounter; psychotherapy often leads to better relationships, solutions to specific problems and reductions in negative emotions such as anxiety, anger, and depression.

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that we are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also provide feedback to you regarding your progress and will invite you to participate in the dialogue.

Due to the varying nature and severity of problems and the uniqueness of each person, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

**Confidentiality:** It is my legal and ethical obligation to preserve and protect a client's right to medical record information confidentiality. I will protect all confidential information I know or possess. This pertains to medical and non-medical information about clients and business operations. I will not discuss, sell, or release either type of confidential information to unauthorized persons. I

will not share my computer password with other persons. I will treat all client information as confidential and respect the individual's privacy.

You are reminded that email is **not** considered a confidential method of communication. Please limit email communication to appointment scheduling issues. The law protects the privacy of communications between a client and a psychotherapist. I am legally obligated as a mandated reporter to notify the appropriate authorities if a client gives me reason to believe that he or she may harm themselves or others, or if he or she is involved in, or has knowledge of, the abuse of a child or elderly person.

**Termination of Therapy:** You may discontinue therapy at any time. If you or your therapist determines that you are *not* benefiting from therapy, either of you may elect to initiate a discussion of your options. Treatment options may include among other possibilities, referrals, changing your treatment plan or terminating your therapy. Persistent cancellations, no-shows and non-payment will cause termination.

**Expectations of Client:** The client is expected to be honest and direct. There is an expectation that there will be only one therapist working with the client. The client is expected to follow the guidelines in this therapy agreement.

## **General Consent for Adult**

Your signature indicates that you have read this agreement for therapy services, understand its content and agree to these policies.

Please ask for further clarification or concerns that you may have about this information before you sign.

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Name of Client

Signature of Client

Date