

# TRYSHA LM BODDEN, LMFT, LLC

1130 N. Nimitz Hwy. Suite A-203  
Honolulu, HI 96817  
Phone (808) 294-5810 Fax (808) 441-7744

## OUTPATIENT SERVICES CONTRACT

Aloha, and welcome to my practice. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### **Mental Health Services**

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular issues discussed in session. I take a collaborative approach to therapy, working together with my clients to help empower, strengthen, and enhance their lives. Therapy calls for a very active effort on your part for it to be the most successful. You will have to work on things we talk about both in sessions and at home. I offer a safe and supportive environment for change and believe establishing a trusting relationship with my clients is one of the main elements of therapeutic success.

Therapy is an intensely personal process that can bring unpleasant memories or emotions to the surface. There are no guarantees that therapy will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Therapy requires a very active effort your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

At the same time, however, therapy has also been shown to have tremendous benefits for those willing to work hard and go through it. Therapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, increase self-awareness, and many other advantages.

Our 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. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. I believe feeling "comfortable" with your therapist is one of the main elements of therapeutic success, and is crucial to the therapeutic process. If you have any questions about anything throughout the therapeutic process, I encourage you to bring them up whenever they arise.

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## Sessions

Sessions normally last 45-50 minutes, with the exception of the initial evaluation, which generally lasts approximately one hour. If you cancel less than 24 hours prior to your scheduled appointment or “no-show”, you (NOT your insurance company) will be charged the **full session amount of \$225 +tax**. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time. Your appointment slot will be held for a period of 15 minutes. If you miss two sessions in a row or consistently cancel scheduled sessions, I will not be obligated to schedule further appointments and will give you referrals to other qualified professionals.

## Professional Fees

My hourly fee is **\$225+tax per 50-minute session**. For other professional services, my fee is **\$125/hour +tax**. This includes report and/or letter writing, telephone conversations lasting longer than 15 minutes, attendance at meetings, preparations of records or treatment summaries, and the time spent performing any other services you may request of me. If you need me to fill out medical forms, leave forms, or any other type of standardized form, there is a charge of **\$15 PER FORM**. If you become involved in legal proceedings that require my attendance in court, my fee is **\$550/hour +tax**. This includes preparation for and attendance in court. I also require a retainer fee of **\$1500 in advance** for any court-related service.

Fees are non-negotiable. Fees are subject to change at therapist’s discretion.

## Billing and Payment

You will be expected to pay for your expenses at the beginning of each session via cash, check, credit card, Venmo or Paypal and no balance will be carried. Please make checks payable to: **Trysha LM Bodden, LMFT, LLC**. If for any reason your check is returned, you will be assessed a fee of **\$25**. If your expenses are not paid for as agreed, I have the option of terminating treatment and/or using legal means to recoup any unpaid balance. In pursuing these measures, I will only disclose biographical information and amount owed in order to ensure confidentiality.

## Insurance Reimbursement

In order for us to set realistic treatment goals, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled;

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however, you (not your insurance company), are responsible for full payment of my fees. It is very important to find out what mental health services your insurance policy covers.

## Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. I will make every effort to return your call on the same day you make it. **For after hour emergencies, please call 911, the Crisis Hotline at (808) 832-3100, or go to your nearest emergency room.** If I will be unavailable for an extended time, I will be sure to provide you with the name of a colleague with whom you may contact. I will respond to text messages for *scheduling purposes only*. Please do not text information regarding your treatment or other therapeutic needs.

## Professional Records

The laws and standards of my profession require that I keep treatment records. Per Act 87, you are entitled to inspect, copy, add/correct information in your records. If you wish to see your records, we will both review them and discuss the contents. Also, you can choose not to disclose any information to the third party payer and pay out-of-pocket.

## Adolescents

I will keep our sessions confidential. As I mentioned before, trust and feeling “comfortable” with me is some of the most important elements of therapeutic success. However, be aware that because you are a minor, the law provides your parents the right to examine your treatment records. I will work with your parents and hope that they agree that I will provide them with only *general* information about our work together, unless the conditions under “Confidentiality” apply (Note: these are times when I *must and will* share information with others). Before disclosing information, I will do my best to discuss this with you.

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Teen’s initials

## Parents of Teens

Gaining a teen’s trust by keeping information confidential is very important. They need a place where they feel safe enough to share and reflect. I intend to provide such an environment for them in my office. Please be informed of the following:

1. Teens may be involved in situations that typically disturb parents such as drug use, illegal activities, sexual activity and pregnancy. I will maintain confidentiality with your

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teen with a goal of getting your teen's permission to include you in the situation/treatment.

2. I will provide only general information to you regarding treatment until, and unless, your teen consents otherwise. Unless, of course, conditions under "Confidentiality" apply.
3. I will maintain confidentiality of your teen's chart and not provide access to legal custodians.

## **Couples Therapy**

In couples therapy, please be aware that I look at the "couple" as my client. I have a "no secrets" policy, which means that I will not agree to hold secrets on any one partner's behalf. Information shared with me by any individual partner can and will be disclosed to your partner if they are participating in treatment. In situations where secrets are being kept between partners, it may be necessary for you to seek the support of an individual therapist who is independent of your couples treatment.

## **Confidentiality**

In general, the privacy of all communications between a client and licensed marriage and family therapist is protected by law, and I can only release information about our work to others with your written consent. However, there are situations where I must inform others and break confidentiality due to legal, safety, and insurance matters. The following are the exceptions:

1. A judge may serve me a subpoena and may order me to testify. I will comply.
2. If I believe that a child is being abused or at-risk of being abused, I am required by law to make a report to Child Protective Services (CPS) and/or the Honolulu Police Department (HPD)
3. If I believe that an elder or dependent adult is being abused or at risk of being abused, I am required by law to make a report to Adult Protective Services (APS) and/or HPD.
4. If a client threatens serious bodily harm to him/herself I am required to notify legal authorities and will make reasonable attempts to notify the family of the client.
5. If a client discloses intentions or a plan to harm another person, I am required to warn the intended victim and report this information to HPD.
6. Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries. Please keep in mind that you always have the right to pay for my services out-of-pocket if you choose.

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**Our Agreement**

I, the client (or parent/guardian), understand I have the right *not* to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before formal therapy starts. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this document, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my/my child or teen’s progress with you before ending therapy with you.

I have read the issues and points in this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter into therapy with this therapist fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_

Client or Parent/Legal Custodian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Client or Parent/Legal Guardian

\_\_\_\_\_

Date

If you are an adult who is signing on behalf of a minor or dependent, please indicate the name of the child or dependent and his/her age:

\_\_\_\_\_

Age\_\_\_\_\_

I, the therapist, believe this person fully understands the issues and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_

Trysha LM Bodden, LMFT, LLC

\_\_\_\_\_

Date

*Now that you have taken the time to read this information, I would like to welcome you to my practice. I truly love what I do. I look forward to a productive therapeutic relationship with you.*