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# **Sharon Hargrave, LMFT**

Marriage and Family Therapist, #47906CA, #4459TX, #15489AZ sashargrave@gmail.com 806-676-5122

#### **General Information**

My name is Sharon Hargrave. I have a Masters in marriage and family therapy and am licensed as a Marriage and Family Therapist in California, Arizona and Texas (MFC #47921, CA; LMFT #15489, AZ; MFT #4459, TX). I work with individuals and families dealing with a variety of issues, but concentrate my practice on couples with marital difficulties and families with intergenerational issues.

Although I am well-versed in handling a variety of problems, there may be situations that I will recommend another specialized therapist or professional so you will be better served. Please note that I am not a Psychiatrist (who are trained medical doctors), so I am unable to prescribe medication. Also, I am not a Licensed Psychologist and am unable to administer certain diagnostic tests.

#### **Session and Fee Information**

I generally schedule sessions to start on the hour and are 50 minutes long. I will meet with you for one or two sessions for evaluation purposes. At the end of this evaluation, if we both decide I am the best person to provide services to you, I will provide you with a list of treatment objectives on request. Generally, I do not charge you for time spent on case notes or telephone consultation. My fee per 50 minute session is \$200.00.

I will try to work with you on fee payment if necessary, but I appreciate payment after each session. If you need to cancel a scheduled session, please try to let me know at least 24 hours in advance. Appointments that are not canceled will be charged to your account.

In unusual cases, you may become involved in litigation which may require my participation. You will be expected to pay for the professional time required for my participation at the rate of \$250.00 per hour.

## **Online Telehealth Therapy**

In addition to in-person therapy sessions, I also conduct sessions via telehealth via the online Zoom platform. The account I possess is contracted with Zoom to be highly encrypted and HIPPA compliant. This account **does not** provide the ability to record any part of the session to the cloud or to any device. If you have questions regarding the security of the system, I can provide you with a copy of the user contract.

I am able to conduct therapy with individuals, couples or families via telehealth in states where the client resides and where I am licensed. Licensure to conduct therapy is determined where the client is located and not where I am located.

Therapy notes and treatment records are kept in the same manner as in-person therapy sessions as described below.

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### **Professional Records**

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of these records, or I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and may be upsetting. If you wish to see your records, I recommend that you review them in my presence so we can discuss what they contain.

#### Insurance

I do not file for or accept payment from insurance companies. If you wish to file with your health insurance for therapy costs, I can refer you to another therapist.

# **Emergencies**

From time to time, you may feel you have an emergency in which you require immediate therapy. Although I try to make myself available to you, there may be times when you cannot reach me. You may call on my cell phone at 806-676-5122 and leave a message. I will return you call as soon as possible.

If you cannot reach me and believe you need immediate attention, go to the emergency room at a local hospital or call 911.

## Minors

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding unless I feel that there is a high risk that you will seriously harm yourself or another, in which case I will notify them of my concern. I will also provide them with a summary of your treatment upon request when treatment is complete.

## **Memberships and Licensures**

I am a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT). I conform to the ethical codes of this organizations. If you believe that I have violated an ethical code, you are entitled to make a report to AAMFT. The contact number is 202-452-0109.

# **Confidentiality**

Information you share with me in sessions is generally confidential and is protected by law. I can only release information about our work to others with your written permission. There are, however, some major exceptions with regards to confidentiality.

<sup>\*</sup> I am required by law to report any **suspicion** of child or elder abuse to the proper authorities.

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\* I am legally and ethically bound to take steps to warn authorities or family members if I believe there is a legitimate threat of a client/patient doing harm to himself/herself, or to another human being.

\*I am required to provide records or testimony if ordered to do so by a judge (a court order) or by a grand jury subpoena. I am required to respond to other subpoenas issued by the court and may be required to provide records or testimony if a judge determines that the resolution of the issues before him or her demands it.

Please understand that I hold confidentiality between clients in the highest regard and will make every effort to protect information shared in our sessions together.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I do not reveal the identity of my client. The consultant is, of course, bound to keep the information confidential.

# **Informed Consent**

**Client's Signature** 

make every effort to make therapy successf is no guarantee that you will "solve" your p further know that in the course of therapy, v	ful in this manner. However, you should know that therapy roblems and that issues will be resolved. You should we may expose issues that may cause additional problems to ion in therapy means that you accept these risks and are
I have read the above information and ag	gree to participate in therapy with Sharon Hargrave,
Client's Signature	Date

**Date**