

INNERGY CONNECTIONS, LLC

Rashida Ingram, PhD

Individual, Couple and Family

Virtual Wellness Center

(215) 2078152

<https://MeetwithDrRA.as.me/>

Dr.rashidaingram@gmail.com

Zoom ID 6174800022

Salutations!

Congratulations to you for taking the first step in your process towards living the life that you are capable of living.

As your accountability partner in this process I am committed to providing empowerment and support along this segment of your journey as you discover your pathway for healing. As a part of the delivery of counseling services, this agreement was established to outline fees and other administrative issues related to the provision of professional services for you.

Consultation: During the intake process, all services provided are consultative in nature. I will evaluate the nature of your concerns during the initial meeting and I will determine whether I can assist you in your effort to secure your path towards stability and psychological wellness based upon the matter as it is presented. If not, a referral to another professional will be given to you.

Confidentiality: All communications between you and I are confidential. Information will only be released to a third party under the following conditions: a) the client(s) authorizes the clinician to release information with written permission; b) the client(s) is threatening serious bodily harm to self or to another; c) the clinician learns that a child, an elderly person, or a disabled person has been or is being abused; or, d) a court order dictates such release.

Other circumstances in which information may be disclosed: In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among the family members. I will use clinical judgment when revealing such information. I will not release any information to an outside party unless I am authorized to do so by all adult family members who were part of the treatment. Information about clients may be disclosed in consultations with my supervising Doctoral level therapist in order to provide the best possible treatment. In such cases the name of the client(s) and any other identifying information, is not disclosed. Clinical information about you as a client is discussed. Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful.

The Process of Therapy/Evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of specific concerns that led you to seek therapy. Working towards these benefits requires an effort on your part. transformation requires your active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views about your journey, and the progress that you will be making, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. You may also experience anxiety, sadness, insomnia etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it may be slow and frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I will draw from various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches include strength based perspectives utilizing solution focused, Narrative, family systems and Satir therapy models.

Fee Rate based upon service:

Individuals: Couples: Families: Siblings:

You will begin therapy on: \_\_\_\_\_

Payment Methods: PayPal, CashAp, Zelle, or Cash.

Missed & Cancelled Appointments: To be effective, counseling and psychotherapy need to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Additionally, an appointment time reserved for you means that it cannot be used for someone else. It is reserved for you. In the event that you have to cancel an appointment, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. For cancellations less than 8 hours prior to your appointment will result in a \$50 cancellation fee.

Ending Treatment: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I will not accept clients who I am unable to assist. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy I assess that my support is not inspiring you to more forward, or there is an impasse to reaching therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment.

In such a case I will give you a number of referrals to help you. If you request and authorize in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate therapy at any time. If you choose to do so, I will also provide you with names of other qualified professionals whose services you might prefer.

Emergency and Telephone Procedures: If an emergency situation arises, call 911. If you need to contact me between sessions, please leave a message at (215) 207-8152 and your call will be returned within 24- 48 hours.

I have read and fully understand the above Agreement; I agree to comply with these policies.

\_\_\_\_\_  
Signature (Client One) Date

\_\_\_\_\_  
Print Name

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\_\_\_\_\_  
Signature (Client Two) Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Rashida Ingram, Ph.D.

Date: