

## **PRIVATE PRACTICE CONSULTATION: INFORMED CONSENT & CONTRACT**

The purpose of this statement is to ensure a common understanding about the process of private practice consultation and to establish an agreement for your consultation with me.

### **PROFESSIONAL BACKGROUND AND WHAT TO EXPECT**

I am a Licensed Professional Counselor (#C5685) in Oregon. My counseling practice serves adult individuals, couples, and groups. I also provide clinical supervision for postgraduate associates pursuing licensure in Oregon as professional counselors or marriage and family therapists.

I provide private practice consultations for a variety of mental health professionals, including counselors, marriage and family therapists, social workers, psychologists, psychiatrists, and psychiatric mental health nurse practitioners. The purpose of private practice consultation is to assist you in the development of your private practice. This may include imparting information about the administration, marketing, and financial aspects of starting and growing a private practice.

Private practice consultations do not include counseling nor supervision (please do not disclose any confidential client information during our consultations), and they are not a substitute for legal, clinical, or ethical consultation or advice. State laws, licensing board rules, and professional organizations' guidelines vary, and your private practice situation may require seeking out additional consultations from other experts and professionals.

In a private practice consultation relationship, you remain responsible for what you choose to do or not do with my recommendations. By contracting with me for private practice consultation services, you agree to carry full and sole liability for any professional decision you make, even those informed by our consultation. You agree not to hold me legally responsible should any problems or consequences of your professional practice and decision making occur.

### **APPOINTMENTS, FEES, AND PAYMENT**

My private practice consultation services are limited to the scheduled sessions we have together. Communication outside of our scheduled sessions is limited to scheduling and payment issues only. I can reliably respond to phone or e-mail messages regarding these issues during business hours, Monday through Friday.

Sessions are by appointment and 60 minutes for individuals or 75 minutes for mastermind groups, unless arranged otherwise. My standard private practice consultation fee is \$125 per 60-minute session for individuals and \$60 per 75-minute session per group member; fees are prorated for scheduled time beyond these session lengths. Please pay for each session prior to each session by way of check, cash, or credit card. A \$30 fee will be charged on returned checks.

If you need to cancel or reschedule an *individual consultation*, please do so within at least 24 hours of your scheduled time by calling or e-mailing me directly. You may also cancel or reschedule appointments using my online scheduler. You will be charged \$50 for appointments missed without adequate notice.

If you need to cancel your participation in a *mastermind group*, you'll receive: (a) a full refund of payments made (minus 2.9% of payments made to cover transaction fees) if cancelled at least 14 days prior to the start date of the first meeting; (b) a 50% refund of payments made – and future scheduled payments, if on a monthly payment plan – (minus 2.9% of payments made to cover transaction fees) if cancelled within 14 days and at least 24 hours in advance of the start time of the first meeting; (c) no refund nor credits of payments made, nor of future scheduled payments, if no cancellation is made at least 24 hours in advance of the start time of the first meeting.

Partial refunds are generally not given for missing portions of or withdrawing from a mastermind group after the group has begun, though I will consider extraordinary circumstances that might affect your ability to continue participating. If I cancel a mastermind group or any number of mastermind group meetings, you'll receive a refund for the pro rata portion of the mastermind group that was not provided.

If you are late to our session, you remain responsible for the full session fee. My policy regarding inclement weather for in-person appointments is to reschedule or cancel as soon as either of us expect that traveling to or from the appointment will be unsafe. In these cases, (a) for individual consultations, I will not charge you for rescheduling or cancelling in-person appointments with less than 24 hours' notice; (b) for mastermind groups, you will receive a refund for the pro rate portion of the mastermind group that was not provided.

Please do not record any portion of our sessions without my consent.

## CONTRACT FOR PRIVATE PRACTICE CONSULTATION

I have read this document and I understand and accept the mutual responsibilities described herein. I agree to abide by the payment policy outlined above and accept full responsibility for any and all fees incurred for my private practice consultations. This agreement is entered into voluntarily by the consultee with competency, understanding, and knowledge of the consequences.

Consultee Name:	Consultee Signature:	Date:
Ryan Hofrichter, LPC, CGP	Signature:	Date: