



Akira Stuckey, MA, LCMHC
 155 Washington St.
 Keene, NH 03431

603-439-7711
akirastuckey00@yahoo.com

THERAPY AGREEMENT, CONTRACT AND CONSENTS
 (Further details can be found in the separate Office Policies Agreement.)

Print your name here: _____

What is Psychotherapy? Psychotherapy is a conversation between a therapist and client (or clients) around the issues and concerns presented by the client. As your therapist, my role is to listen and respond in ways that are helpful to you in addressing what brings you here. There are a variety of techniques in which I have been trained that are tools available to us; the most important part is that we build a trusting relationship and focused on the things on your mind. You will never be forced or tricked into disclosing anything you wish to keep private. My job is to create a safe and predictable space in which for you to do this work and move towards your goals, though sometimes the results can be unexpected.

Qualifications: I hold a Masters of Arts from the Antioch University New England, am a NH Licensed Clinical Mental Health Counselor (#870). I have worked in the helping professions in a variety of settings for over 10 years, have been a practicing psychotherapist since 2005 and have been in private practice since 2011.

Confidentiality: Your privacy is very important to me. Our conversations are confidential to the extent protected by law and ethical code, as with all healthcare providers. I keep all records secure at all times and organized so as to protect your privacy. Disclosure of certain healthcare information may be required for insurance reimbursement (see separate Consent to Use or Disclose form). Law and ethical code require that I disclose information in the following situations:

1. If a person in my care is a serious threat to themselves or others or property.
2. If I learn about any abuse towards a child or incapacitated adult.
3. If I am ordered to disclose information by a court of law.

Cost of Services: All charges are to be paid at the time of service. Fees are adjustable depending on insurance coverage and ability to pay. The standard fee for a 55-minute session is \$120. I will submit bills to your insurance carrier if I am a provider for them, otherwise you may submit your paid invoices. Appointments that are missed without 24 hours notice will incur a charge of 50% of your regular fee. Insurance cannot be billed for missed sessions.

Emergency Contact: You may call my cell phone (603-439-7711) any time there is a serious emergency related to our work. If I do not pick-up leave me a message and then call 911 or 603-357-4400 and ask for Emergency Services.

Complaints & Grievances: If you are troubled by anything I say or do please bring it up when we meet. I welcome your feedback and will seek to address your concerns without negatively impacting our work together. If this is not sufficient you may contact the NH Board of Mental Health Practice: 603-271-6762, 117 Pleasant St. Dolloff Building, Concord, NH 03301.

I have received the separate Office Policies Agreement form. **Initial here:** _____
 I agree to the above and freely consent to treatment with Akira Stuckey, MA, LCMHC.

Signature of Client/Guardian: _____ Date: _____

Signature of Therapist: _____ Date: _____

