



# Sexual Life Improvement

*From the desk of Shelley L. Imholte, PhD, LCSW, M.Ed.*

*State of Texas Social Work Board-approved Supervisor & Continuing Education provider*

## CLIENT AGREEMENT/INFORMED CONSENT

### **Summary of Services:**

**Initials:** \_\_\_\_\_

Psychotherapy services offered at Sexual Life Improvement, PLLC by Shelley L. Imholte, PhD, LCSW include adult individuals, couples, multi-partnered relationships, groups, and families delivered in person, over the telephone, or through online communication methods determined jointly in the psychotherapeutic relationship. The aim of psychotherapy at Sexual Life Improvement, PLLC is to explore habitual patterns, engrained values, imprinted beliefs and emotional and/or physical expressions that shaped your way of being both relationally and sexually in the world. Your attention will be directed to your experiences, both past and present, in the body (somatic), mind (thoughts, ways of thinking), and spirit (perception, intuition) in relationships (family, extended family, children, pets), community (friends, education, Internet, organizations and associations), and professional (work) environments with emphases placed on the relationship you have with yourself and how that unfolds in the therapeutic relationship. I am honored to accompany you on this exploration of life, experience, and desires.

### **Possible Benefits and Risks:**

**Initials:** \_\_\_\_\_

The potential benefits that may accompany agreeing to engage in psychotherapy as fully as possible include a greater sense of authenticity, increased self-awareness, and a more expansive and satisfying experience of and in life with less judgment and/or criticism of self or other. This way of being invites curiosity, is supported by compassion, and partners with acceptance of self and other.

The potential risks include sharing difficult thoughts and feelings about you, others, and the world you live in that may involve physical discomfort in the body (tension, nausea, tingling, and temperature changes). At various times during this relationship you may feel 'stuck' or doubt whether or not you are making any 'progress'. It is particularly important that during these times you communicate with me so that together we can consider alternatives or options that are congruent with your identified goals in therapy in order to gain a deeper understanding of our experience together and how that may be present in your world outside of therapy.

### **Sessions:**

**Initials:** \_\_\_\_\_

Our initial session together is referred to as our **Initial Consultation**. This session lasts 90-minutes. During this session we will review this document as well as Sexual Life Improvement, PLLC's Privacy Notice to address any questions that you may have or clarify any misunderstanding of the services provided and the services desired. The initial consultation will close with a discussion of the 'fit' between us; meaning we will explore how we feel in the room together. The assessment of the 'fit' will continue throughout the therapeutic relationship however for the **first four sessions** the 'fit' will be important information for us in determining whether or not it is in **your** best interest to enter into a therapy relationship with Shelley L. Imholte, PhD, LCSW. Subsequent sessions for adult individuals are 60-minutes unless an agreement has been

made to either extend or reduce the duration of time spent in the therapy session. Couples and group sessions have two options; 60-minute or 90-minute sessions. Individual members of a couple and multi-partner relationship are encouraged to be engaged in individual therapy as a support to couple and/or group therapy work. The modality (in-person, telephone, online) of therapy will be mutually determined and outside factors (poor reception, internet connection errors, or finding a private location) will be considered part of the session time.

You have the right to inquire about professional credentials and experience as a psychotherapist with Shelley L. Imholte, PhD, LCSW. You have the right to refuse recommendations and to discuss concerns and dissatisfactions about our work together. You have the right to terminate therapy at any time. Shelley L. Imholte, PhD, LCSW also has the right to terminate therapy for reasons that are deemed appropriate. In either case, a final session is highly recommended when termination is requested by either the client or by Shelley L. Imholte, PhD, LCSW.

**Session Fees:**

**Initials:** \_\_\_\_\_

Sexual Life Improvement, PLLC does not have a relationship with any health or mental insurance carriers and does not accept any type of third party reimbursement. Upon request every effort will be made to provide you with the necessary information and/or documentation to file on your own with your insurance provider. Below you will find a breakdown of the various sessions and fees offered by Shelley L. Imholte, PhD, LCSW, owner and operator of Sexual Life Improvement, PLLC.

| <b><u>Type</u></b>       | <b><u>Time (Minutes)</u></b> | <b><u>Fees</u></b> |
|--------------------------|------------------------------|--------------------|
| Initial Consultation Fee | 90                           | \$165.00           |
| Adult Individual         | 60                           | \$145.00           |
| Adult Individual         | 90                           | \$165.00           |
| Couple                   | 60                           | \$160.00           |
| Couple                   | 90                           | \$175.00           |
| Multi-Partnered          | 60                           | \$175.00           |
| Multi-Partnered          | 90                           | \$185.00           |

Session fees are expected at the time of service (cash, check, or electronic payment). If you are unable to pay for your current session you will be expected to pay at the next scheduled session date. You may be asked to mail your session fee if you are unable to pay on the day of your scheduled session. If you are paying electronically you are asked to pay within 24-hours of your scheduled session date. If alternate payment arrangements are necessary please directly discuss this with Shelley L. Imholte, PhD, LCSW. Any and all agreements that differ from the above descriptions will be mutually decided on by you and Shelley L. Imholte, PhD, LCSW. This agreement will be presented in the form of a contract in the next scheduled session and considered an addendum to this agreement.\*\*A fee of \$30 will be charged for returned checks.

**Scheduling:**

**Initials:** \_\_\_\_\_

The time, day, and frequency of scheduled sessions will be mutually arranged between you and Shelley L. Imholte, PhD, LCSW; owner and operator of Sexual Life Improvement, PLLC. Please make every attempt to arrive on time for scheduled sessions. If you require special accommodations due to a disability or any other reasons please notify Shelley L. Imholte, PhD, LCSW as soon as possible so that appropriate accommodations may be arranged to best serve your needs.

**Cancellations:**

**Initials:** \_\_\_\_\_

If you are unable to attend scheduled sessions you agree to notify Shelley L. Imholte, PhD, LCSW within **24-hours**. Your initials indicate that you understand and agree that you will be **charged \$100.00** if notice of cancellation is less than 24-hours.

**Digital/Electronic Communications:**

**Initials:** \_\_\_\_\_

Information contained in email communications, text messages, and video sessions are confidential and while the information is intended solely for communication between you and Shelley L. Imholte, PhD, LCSW with today’s emerging technologies the risk of unintended disclosure exists as service providers store communications on servers. You are being informed that digital/electronic communications run the risk of breaching your confidentiality. By signing this form you confirm that you understand the risks involved in sending or receiving electronic communications.

**Please indicate selection by circling your response.**

- Consent for Email:** I DO accept the risks with Email communications  
I DO NOT accept Email communications
- Consent for Text:** I DO accept the risks with Text communications  
I DO NOT accept Text communications
- Consent for Skype:** I DO accept the risks with Skype communications  
I DO NOT accept Skype communications

**Confidentiality/Client Rights:**

**Initials:** \_\_\_\_\_

Texas state law requires that information provided to mental health practitioners remain confidential. Shelley L. Imholte, PhD, LCSW will make every effort to maintain your confidentiality. As a client your signature confirms that you understand the limitations to confidentiality as outlined below.

- 1. You are a danger to yourself or others.*
- 2. You are involved with or aware of abuse (physical, sexual, emotional or forms of neglect) of a child, elderly person, or persons with a disability.*
- 3. I have been subpoenaed by the court.*
- 4. Your insurance company paying for services has the right to review all records.*

Shelley L. Imholte, PhD, LCSW requires disclosure of information in the circumstances below:

*A signed Sexual Life Improvement, PLLC release of information form that grants permission to discuss specifics of your case with designated third parties (e.g., Insurance Company, Physicians, Psychiatrist, Therapists [LPC, LMFT, LCSW], Family members).*

**Grievance/Complaints**

Grievances/Complaints can be submitted in a **written** format to the State of Texas Social Work Board:

Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369  
Or call 1-800-942-5540  
[http://www.dshs.state.tx.us/socialwork/sw\\_complaint.shtm](http://www.dshs.state.tx.us/socialwork/sw_complaint.shtm)

**After Hours Policy:**

If you need to contact Shelley L. Imholte, LCSW at any time you may call or email:

**512-431-3721** [shelley@sexuallifeimprovement.com](mailto:shelley@sexuallifeimprovement.com)

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If you are in crisis please call either 911 or the **24-hour crisis line at (512) 472-HELP (4357)**. Shelley L. Imholte, LCSW will not be held responsible for any harm occurring as a result of a crisis/acute mental health emergency. By signing this form you agree that you have read, understood, and have been able to ask questions about this agreement.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Shelley L. Imholte, PhD, LCSW Signature**

\_\_\_\_\_  
**Printed Name of Client**

Shelley L. Imholte, PhD, LCSW  
**Shelley L. Imholte, PhD, LCSW Printed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**