

Treatment Consent and Agreement

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The decision to begin psychotherapy can be a difficult one. However, research has shown that individuals entering therapy achieve favorable results when they have a clear understanding of the goals and expectations. The following information will provide you with a basic overview of what the therapeutic process entails.

- As your therapist, I have the responsibility to ask you questions about you and your family's history, as well as, your feelings, thoughts, and actions. I also have the responsibility to provide you with direct information about treatment issues, as well as, clinical recommendations. I will assist you in developing appropriate options if you choose to seek treatment elsewhere.
- As the client, you also have responsibilities within the therapy process. Honesty within the treatment setting is necessary if treatment is to be beneficial. The continuation of care may be effected if you are not honest in therapy. It is your responsibility to attend scheduled appointments and co-payments/session fees are due at the time of service. If your insurance company is being billed, I will make appropriate efforts to receive payment, however, you will ultimately be responsible for any outstanding charges that are not covered.
- **If you need to cancel an appointment, it must be done with 24 hours advanced notice. If this does not occur, a cancellation/ "no show" fee will be billed to you personally.** Three or more late cancellations/"no shows" may result in the discontinuation of care. Furthermore, if treatment does not occur consistently despite clinical recommendations, you may also be discharged from care.
- Any additional services that are requested (ie. written recommendations, PPT's, court testimony, etc.) will be billed to you personally and based on an hourly fee.
- The confidentiality of your records is valued greatly. Please review the "Notice of Privacy Practices" you are receiving and identify any concerns/questions you may have.

I have read the above information and by signing this form I accept and agree to all of the stated responsibilities and arrangements.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date