
Agreement for Therapy

I, _____, the client, agree to meet with the therapist named below at the appointment times and places we agree on, starting on _____, 20__ for about _____ sessions of **45** minutes each.

I have read the Client Information Form, which is available on the website of this therapist:

I believe I understand the basic ideas, goals, and methods of this therapy. I have no important questions or concerns that the therapist has not discussed. In my own words, I understand the following:

According to this therapy, the causes of my problems lie in:

The main methods to be used in this therapy are:

During these sessions, we will focus on working toward these goals:

I understand that reaching these goals is not guaranteed.

I understand that I will have to do the following things/take the following actions:

With enough knowledge, and without being forced, I enter into treatment with this therapist. I will keep my therapist fully up to date about any changes in my feelings, thoughts, and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest.

At the end of meetings, we will evaluate progress and may change parts of this agreement as needed. Our goals may have changed in nature, order of importance, or definition. If I am not satisfied by our progress toward goals, I will attempt to make change in this agreement, and I may stop treatment after giving this therapist at least 7 days' notice of my intentions and meeting with the therapist for one last time.

This agreement shows my commitment to pay for this therapist's services. It also shows this therapist's willingness to use and share his or her knowledge and skills in good faith. I agree to pay \$ _____ per session, and to pay at the end of each session. I agree to pay for un-cancelled appointments or those where I fail to give 48 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand and accept that I am fully responsible for this fee, and that my therapist does not accept insurance payment for her services. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with all of the points above.

Signature of client

Date

I, the therapist, have discussed the issues above with the client. My observations of this client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date

- Copy accepted by client
- Copy kept by therapist

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.