

## Treatment Agreement

To facilitate the therapy process, it is best to begin with a framework of openness and honesty with clear boundaries and expectations among all parties. I ask that you read and sign below to indicate your understanding and mutual agreement.

The fee of \$ 140.00 will be due at the time of service unless you have an insurance plan in which I am an in-network provider. Clients are responsible for contacting their insurance carrier and checking benefits. If there is a co-payment, I will collect that at the time of service. If there is a co-insurance or deductible, I will collect the client's portion after the claim has been processed. Unpaid past due balances may result in termination of service. This is not meant to be punitive, however it is not in clients' best interests to continue to accrue debts unable to repay.

I understand that unforeseen situations come up and there may be a time you will need to cancel an appointment. I ask that I be given 24 hour notice. There is a \$50 late cancellation fee unless the appointment is rescheduled in the same week.

Clients may leave a confidential voicemail message at (708) 315-4222. Any other contact, such as email or text may not be confidential. As I am a sole practitioner, there is no crisis or emergency service. In the event of an emergency, clients are strongly encouraged to call 911 or go to the nearest emergency room.

I \_\_\_\_\_ state that I voluntarily seek therapy for myself. I understand that because of factors beyond anyone's control, desired outcomes cannot be guaranteed but that regular attendance is likely to be more effective. I understand that there are limits to confidentiality due to the therapist's duty to warn and mandated reported status and that the therapist is obligated to breach confidentiality where there is an imminent danger to self or others or in the instance of child or elder abuse or neglect. I understand that the therapist does not provide emergency service and I have been informed of what to do in the event of an emergency. I have had an opportunity to ask questions and had them answered. I may discontinue therapy at any time.

By signing below I affirm that I have read, understand and agree to the above.

Client signature and date \_\_\_\_\_

Therapist signature and date \_\_\_\_\_