

THERAPY AGREEMENT



AGREEMENT FOR THERAPY SERVICES

I _____ (client) agree to participate in therapy sessions with the therapist named below beginning on _____(date). I understand that we will create and sign a treatment plan by our fourth session that will state my/our concerns and my/our goals and include an estimate of the number of sessions we will spend working together. I agree that at any time I am free to renegotiate both the goals and the length of treatment.

I understand that reaching any agreed upon therapy goal is not guaranteed. I understand that therapy is successful for some people, moderately successful for others, and for some not successful at all. I further understand that the initial symptoms or problems that were presented to the therapist may initially become more intense.

I am agreeing to participate in the following type of services, while acknowledging that the course of therapy may change, and the participants may change, by agreement of all parties. If I am participating in couple or family therapy I understand that I do not have an individual file, instead we have a couple or family file. I understand that all people participating in therapy need to consent for information to be released from a couple, family, or group file.

_____ Individual Therapy
_____ Couples Therapy *(Please choose only one type of therapy.)*
_____ Family Therapy
_____ Group Therapy

I also agree that the following individuals will be part of the therapy process and be part of a joint file:

I have read and had explained the following materials pertaining to therapy. Copies of these materials have been provided to me by this therapist (please check each):

_____ Confidentiality Statement
_____ Minnesota Mental Health Bill of Rights (Client's rights)
_____ Privacy Notice (HIPAA)
_____ Fees

Within ninety (90) days or at any time deemed appropriate 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 towards goals, I will attempt to make changes in this agreement, and I may stop therapy services. If I choose to stop therapy services I will attempt to give this therapist notice of my intentions and meet with the therapist 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 the rate indicated in the fee statement. I understand that fees may change with 30 days written notice. I agree to pay for missed appointments where I fail to give at least forty-eight (48) hours of notice of cancellation. I understand that exceptions for unforeseen or unavoidable situations are at the discretion of the therapist. I give permission for this therapist to use my personally identifying information to pursue payment for unpaid sessions or fees that arise (for example from cancelled checks) and understand that this therapist may choose to use a debt collection process if necessary after approaching me directly for any unpaid sum.

I understand that this therapist prefers not to receive confidential information via email or while I am speaking on a cell phone as both modes of communication may not fully protect my confidentiality. If I choose to use email or a cell phone for communication I agree that I understand it may compromise the confidentiality of my information.

As part of the therapeutic process, this therapist does not believe it is helpful to participate in a legal process concerning any therapy that might have been given through Rekindle Counseling. If asked to participate in a court hearing this therapist will decline. If it becomes necessary to participate the hourly rate for this therapist's preparation and testimony in a court hearing will be \$350 per hour and payment will be required in advance.

I agree that if I engage in verbal, written or physical behavior that is threatening to this therapist or this therapist's family or any other person at Rekindle Counseling this therapist may identify me to the police, explain our relationship, and report such behavior using my personally identifying information. Further this therapist or Rekindle Counseling may take other legal action to ensure safety for the therapist and the therapist's family or other people at Rekindle Counseling using my personally identifying information.

I also give permission to this therapist to present my case without using identifying information in consultation with other professionals or consultants who are bound by the legal framework of privacy and confidentiality for professional development and guidance purposes.

With enough knowledge, and without being forced, I enter into therapy 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 interest. I understand that this agreement will become part of my record of therapy.

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

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____