

Agreement for Individual Therapy

I, _____, the client, agree to meet with Dr. Leif H. Smith at the appointment times and places we agree on, starting on _____, for approximately _____ sessions of 50 minutes each.

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:

1. During these sessions, we will focus on working toward these goals:
 - a.
 - b.

I understand that reaching these goals is not guaranteed, and is dependent upon many factors.

With enough knowledge, and without being forced, I enter into treatment with this psychologist. I will keep him 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 \$150 per session, and to pay at the end of each session. I agree to pay for uncancelled appointments or those where I fail to give at least 24 hours advanced 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. 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

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