Farris Counseling Services, LLC

Agreement for Individual 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 following materials on therapy, which have been provided to me by this therapist:

1. Limits of the Therapy Relationship: What Clients Should Know

2.What You Should Know About Confidentiality in Therapy

3.Client Bill of Rights

4. What you should know about managed care and your treatment

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.

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 uncancelled appointments or those where I fail to give enough notice that I will not attend. I understand that cancellations require at least 24 hours' notice. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand and accept that I am fully responsible for all fees, but that my therapist will help me in getting payments from any insurance coverage I have. 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 re-sponses give me no reason, in my professional judgment, to believe that this person is not fully competent to give in-formed and willing consent.

_____ _____

Signature of therapist Date

❑ Copy accepted by client ❑ Copy kept by therapist

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