

Robin Kaye Stilwell, M.A., LMFT
THErapy AGREEMENT

As a new client, I would like you to be informed of the administrative policies and procedures. In this way, I can devote more time and attention to your therapeutic needs.

Therapy is an ongoing and voluntary process. Clients have the right to enter into and withdraw from treatment at any time. I ask that you be prompt for your appointments. Sessions are 45 minutes long, and I am unable to extend a session due to lateness.

A specific time has been set aside for you. Should cancellation of an appointment be necessary, 24 hour advance notice must be given or a charge for the scheduled time will be rendered.

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. The exceptions to confidentiality are:

- * *Information concerning suspected child or elderly abuse or neglect*
- * *Legitimate subpoena by court of law requires specific information.*
- * *In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.*
- * *Duty to warn and protect-When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities.*

The undersigned agrees to accept financial responsibility for any and all charges incurred. Payment is due at the time service is rendered unless other arrangements are made. Fees not covered by insurance are client's responsibility.

I (We) understand and agree to the above.

Client signature

Date

Client signature

Date

Clinician signature

Date

I authorize Robin Kaye Stilwell, MA, LMFT, to communicate freely with any physician, mental health professional, or school official regarding my (or my child's) care and treatment.

Client signature

Date

Robin Kaye Stilwell, MA, LMFT

Missed Session Fee Agreement

I agree that:

One hour has been reserved *exclusively* for me and/or my family members. I understand that I am required to provide 24 hours notice of cancellation.

In the event that I do not provide 24 hours advance notice of cancellation, I understand that I will be charged a **full fee** for the reserved appointment.

I also understand that my *insurance company or Employee Assistance Program is not responsible* for fees that are incurred for missed appointments and that it would be unethical or illegal to bill for the missed session.

(Under some circumstances, you may avoid the missed session fee by having a telephone session at the time of your scheduled appointment.)

Client signature

Date

Witness