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The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect.

There are no miracle cures. I cannot promise that your behavior or circumstances will change. I can promise to work very hard with you and to do my best to understand and support you as well as help you clarify what it is that you want for yourself.

All interactions between us will remain confidential unless you request in writing the release of information. There are certain exceptions to this: I am required by law and/or professional ethics to report suspicion of child abuse, elder and dependent adult abuse, intent to commit suicide, threats to do physical harm to yourself or another, and/or certain legal proceedings. While it is my legal responsibility to report any of the above incidents, it is my ethical responsibility to help you through stressful times.

Sessions will be 45 minutes. Occasionally you may have to miss a session. I will only charge you for a missed session if you fail to notify me 48 hours in advance. I, in turn will notify you when I have to miss a session. The fee for therapy is $300. You may pay at the time of the session. Upon request I will provide a statement for you to submit to your insurance carrier. Your carrier may reimburse you directly. Attached please find a credit card authorization form. If you prefer to pay by cash or check, you are welcome to make a payment at the time of the session. I do keep credit card forms on file, should you miss a session or prefer to have your session charged on your card. The credit card will also be used for telephone contacts with you, other professionals, and any document reviews or report writing.

If you need to contact me between sessions, please leave a message, on my voice mail. If a true emergency situation arises, call 911 or any local emergency room.

Ending relationships can be difficult. When it is time for you to end ours, I would like you to give at least two weeks notice so we can process our work together.

I have read and understood all the information and give my consent for the treatment of myself and/or my child herein listed below:

Signature	Date of Birth	Today's Date
_____	_____	_____
Print Name	Home Phone	Cell Phone
_____	_____	_____

E-mail address: _____Work Phone: _____

Address _____City _____ Zip Code_____

List all minors attending therapy:

_____

_____

_____

_____

Emergency contact, relationship and phone number:

_____

Previous therapy and/or psychiatric history, approximate dates and practitioner's name:

_____

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Past and current medical problems with treatment and current medication:

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Drug and alcohol use, past and current, if applicable:

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