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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 $250. You may pay at the time of the session. Upon request I will fill out insurance forms for you to submit to your insurance carrier. Your carrier may reimburse you directly.

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 a two week 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_____

Phone number: _____

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

_____
_____
_____
_____
_____

Past and current medical problems with treatment and current medication: _____

_____
_____
_____
_____
_____
_____

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