

THERAPY AGREEMENT

Welcome to Dr. Adam Klein's office. Unlike most other doctor/patient encounters therapy is a personal relationship. This process requires your active participation. The goals, especially early on are to create a safe, trusting and increasingly open therapeutic relationship. Like most things in life that we commit ourselves to do for the sake of improvement, therapy is not linear. An investment in this process will most likely involve exploring complex and difficult life issues. Every effort is made to maximize the positives and minimize the negatives throughout the relationship.

Fees for appointments are due by the 15th of the following month unless arrangements are made with Dr. Klein. Current therapy charges are 270.00 per 50 minute session. Payment to Dr. Klein may be made in cash, check or charge. In the event that you choose to pay by credit or debit card transaction fees may be passed on to you.

The policy for cancellations is as follows: Client contracting for a specific therapy appointment is reserving the time of the therapist at a particular hour. Client will be charged unless 1) client is able to negotiate an alternative appointment time that week, or 2) the therapist is able to fill the hour with another client.

Once the client and therapist commit to having a therapeutic relationship, Dr. Klein requests that you commit to terminating the process in person. It is strongly discouraged to end therapy by phone, text, mail or email.

There will be an extra charge to client based on the time required by the therapist to complete insurance forms. These reports are released to the client. The client may choose to release to the insurance company.

In general, the privileged information or confidentiality of all communication between a client and a therapist is protected by law. A therapist can only release information about a client's therapy with the client's written permission. There are a few exceptions, however.

The therapist is required by law to report to the authorities suspected child abuse or neglect. Serious concerns about harm to oneself or another would constitute a need to inform proper authorities to prevent harm. In the case that the therapist will be working with a minor in your custody signing this form constitutes your agreement and consent to allow Dr. Klein to work with this minor.

A minimum \$60 fee will be added for all return checks in addition to any fines that Dr. Klein may endure for the returned item. Please be aware that unpaid balances may be sent to collections. All additional fees, penalties and expenses for collections will be added to the existing balance and are the sole responsibility of the signee.

SIGNATURE _____ PRINT _____

DATE _____

SIGNATURE _____ PRINT _____

DATE _____

Please include email address and signature that Dr. Klein can send your bill electronically by email. Email address for billing:

Please include the name of other you permit Dr. Klein to send your bill to and your signature.

Name of person to bill to:

Your signature for permission to bill to above named person:
