



# Statement of Agreement

PSYCHOTHERAPY SERVICES 2020

**1. This is your therapy.**

We will work together at establishing your goals and will regularly evaluate your progress to ensure that you are getting what you need and want.

**2. It is important that you be aware of my background and training.**

I will explain this during our first session, but you are always free to ask for additional information at any time.

**3. The fee for a fifty-five minute session is \_\_\_\_\_ . This fee is payable at the time of each session and may be made by check, cash, or credit card.**

Partial payment for each session can be arranged on an individual basis. Unfortunately, if you arrive late, I will still need to end our session at the scheduled time. If I am late, I will ensure that you receive a full fifty-minute session. If you make payment by check and the check is returned due to insufficient funds, you will be charged \$20.00 in addition to your regular session fee. You will receive at least two months notice prior to any fee increase.

**4. In an effort to provide you with a full fifty-five minute session, please write your check prior to the session.**

**5. Please give 48 hours notice to cancel an appointment.**

If you cancel a session without 48 hours notice, you will be charged for the session—even if your cancellation is work-related. There may be special circumstances (illness or accident) when 48 hours notice is not possible and we will discuss these on an individual basis. If you are ill, please do not wait until the time of your session to decide you are too ill to attend. If your cancellations create scheduling difficulty, it is possible that I may not be able to provide you with a regular appointment day and time. If cancellations interfere with effective therapy, I may ask that you re-think your willingness/readiness to engage in this process.

**6. I am available to you by phone should problems arise and am happy to talk with you.**

There is no fee for phone calls between sessions less than 10 minutes. Any calls that are 10 minutes or longer will be considered partial sessions and will be billed according to your fifty-five minute session fee (on a prorated basis). I will make every effort to return your call on the same day it is made. Should you have my personal cell phone number and an emergency arises, please call 911 or go to the nearest emergency room.

# LIVE OAK

**7. There will be times when I am out of town and/or not available by phone or e-mail.**

During these periods, another therapist will be available to talk with you and/or see you should an emergency arise. When I know I will be unavailable, I will provide you with as much notice as possible.

**8. A separate fee will be negotiated for any reports or evaluations that you may need for personal and/or legal purposes.**

Any report writing for insurance purposes or court purposes, or any appearances in court or depositions will be billed to you at twice your hourly rate.

**9. You will be responsible for full payment for sessions each time we meet.**

This is true even if you are submitting bills to a third party such as an insurance company. Your therapy with me may be covered by your health insurance and I will be happy to submit whatever material is required in order to facilitate your reimbursement.

**10. I will communicate with your primary healthcare provider, psychiatrist or any other individual only if you give me permission through signing a consent form to release information.**

Your therapy is confidential to the extent allowable by law. Only in instances in which your safety is in jeopardy, others' safety is in jeopardy, or you disclose that you have hurt a child or elder am I required to take action. If you have not seen a primary healthcare provider, it may be possible that I will recommend that you receive a physical examination to determine if there are physical issues that contribute to your mental health. In some instances, we may deem it imperative to speak with others who are providing you with services in order to render the best/most coordinated care. Should you refuse to allow us to speak with these providers, we may determine that we cannot offer you optimal care and may refer you elsewhere.

**11. IL Public Act 098-0063 (Illinois Concealed Carry) Regulations.**

This act became law on July 9, 2013 and provides very strict rules and requirements for those looking to carry firearms with them in public places. In accordance with Section 65: (a-10) of the Concealed Carry Law, Live Oak prohibits the carrying of concealed firearms or other weapons on our properties.

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Clinician Name (print) Date

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Clinician Signature Date

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Client Name (print) Date

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Client Signature Date