



THERAPY INSTITUTE OF MICHIGAN LLC

Helping You Build A Life Worth Living

Agreement for Individual Therapy

I, _____, the client, agree to meet with the therapist named below at the appointment times and places we agree on, starting on _____, 20__ for about _____ sessions of _____ minutes each.

I have read the following materials on therapy, which have been provided to me by this therapist:

- 1. _____ 3. _____
2. _____ 4. _____

I believe I understand the basic ideas, goals, and methods of this therapy. I have no important questions or concerns that the therapist has not discussed. In my own words, I understand the following:

According to this therapy, the causes of my problems lie in: _____

The main methods to be used in this therapy are: _____

During these sessions, we will focus on working toward these goals: _____

I understand that reaching these goals is not guaranteed.

I understand that I will have to do the following things/take the following actions: _____

With enough knowledge, and without being forced, I enter into treatment with this therapist. I will keep my therapist fully up to date about any changes in my feelings, thoughts, and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest.

At the end of meetings, we will evaluate progress and may change parts of this agreement as needed. Our goals may have changed in nature, order of importance, or definition. If I am not satisfied by our progress toward goals, I will attempt to make change in this agreement, and I may stop treatment after giving this therapist at least 7 days' notice of my intentions and meeting with the therapist for one last time.

This agreement shows my commitment to pay for this therapist's services. It also shows this therapist's willingness to use and share his or her knowledge and skills in good faith. I agree to pay \$ _____ per session, and to pay at the end of each session. I agree to pay for missed appointments or those where I fail to give enough notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand and accept that I am fully responsible for this fee, but that my therapist will help me in getting payments from any insurance coverage I have. I understand that this agreement will become part of my record of treatment.

I also give my permission for the therapist to audiotape/videotape our sessions for personal review and use with a consultant, who is also bound by the legal framework of privacy and confidentiality. I understand that any information in this recording that could identify me in any way will not be published or given out without my written consent. My signature below means that I understand and agree with all of the points above.

Signature of client Date

I, the therapist, have discussed the issues above with the client. My observations of this client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.



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Signature of therapist

Date

Copy accepted by client

Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

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