

ADAM KLEIN, PH.D.

LICENSED PSYCHOLOGIST

THErapy CONTRACT AND CONSENT FOR ASSESSMENT AND/OR TREATMENT

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. This process, like most things we commit ourselves to doing in an effort to improve the quality of our lives, 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 \$160.00 per 50 minute session. Payment to Dr. Klein may be made in cash or check. A \$30 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.

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 or mail.

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 at which time 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, and 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. Additionally a serious 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.

SIGNATURE

PRINT

DATE

SIGNATURE

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DATE