Therapy Agreement

Professional Services Agreement

Date: _____

Client Information

Client Name

_____

Date

_____

Confidentiality

All information disclosed in therapy is confidential and will not be released without your written authorization, except as required by law. I am legally required to take action in the following situations: (1) suspected child, elder, or dependent adult abuse or neglect; (2) if you pose a serious danger to yourself or others; (3) if you communicate an explicit threat against an identifiable victim; (4) if a court issues a legitimate subpoena for records.

Professional Fees

Fees are $400 for a 50 minute hour. Payment is due at the time of service. I accept cash, checks, and credit cards. I do not file insurance claims but will provide a statement for out-of-network reimbursement. Other services (report writing, phone calls over 10 minutes, consultations) are charged at the same prorated rate.

Cancellations and Missed Appointments

If you are unable to keep an appointment, please notify me at least 24 hours in advance. If you miss an appointment without canceling, or cancel with less than 24 hours notice, you will be charged the full fee for the session. Insurance companies do not reimburse for missed sessions.

Professional Records & Minors

Records are maintained securely and retained for seven years following termination. If you are under eighteen, parents may have legal right to examine records. I request parents consent to limited access, providing only general information unless there is serious risk of harm.

Telehealth Services

Telehealth services use HIPAA-compliant video conferencing. Despite encryption, there is a risk transmissions could be intercepted. You must be in a state where I am licensed, in a private space, with reliable internet and functioning equipment. By using telehealth, you acknowledge these risks.

Consent for Treatment

I voluntarily agree to receive mental health services from Dr. Adam Klein, Ph.D.. I will participate in planning my care and understand I may discontinue services at any time. I have read this agreement, had the opportunity to ask questions, and understand its contents.

By signing below, I acknowledge that I have read this Agreement and the Notice of Privacy Practices, and that I understand and agree to their contents.

CLIENT SIGNATURE (OR PARENT/GUARDIAN IF CLIENT IS A MINOR)

DATE