

**Child Evaluation & Treatment Center**

**TREATMENT CONTRACT** © 2015  
Individual/Conjoint Psychotherapy

1. I give permission for the *Child Evaluation & Treatment Center (CETC)* to provide psychological services to the following individual(s): \_\_\_\_\_ and I declare that I am legally justified in giving such permission.

2. I agree to conduct myself in a responsible manner while on *CETC* premises, and to treat *CETC* personnel and other clients with respect. I also agree to be responsible for children and other individuals in my care while at *CETC*. **(Please arrange for children to remain at home unless specifically asked to bring them as part of therapy. Children should not be left unattended in the waiting area).**

3. I understand that, unless otherwise specified, therapy sessions are held on a weekly basis and that each session lasts 50-55 minutes. We want your experience here to be both positive and productive. To help meet this goal, we do all we can to put you into a standing appointment, or a time slot that is the same each week (or every two weeks, etc.). However, because of the demand for services, if you miss an appointment and don't call to reschedule within 48 hours, your standing appointment *may* be given to another client.

4. I understand that all information disclosed in therapy remains confidential, with the following exceptions:

- a. if the therapist believes a client presents a serious danger to him/herself;
- b. if the therapist suspects or becomes aware of the abuse or neglect of a child, elderly person, or similarly vulnerable individual;
- c. if the therapist or co-worker (e.g., Executive Director or administrative staff) is required by a court of law to disclose clinical or billing information related to my treatment;
- d. if I request payment from a third-party payor (e.g., insurance company);
- e. if my account becomes more than 60 days overdue;
- f. if I request *in writing* that information disclosed in therapy be released to a third party; and
- g. information essential to the billing process may be disclosed to office staff in charge of billing.

5. I understand that consistent and punctual attendance are critical to gaining maximum benefit from treatment, and I agree to be regular in making and keeping appointments.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date