THERAPIST SERVICE AGREEMENT

This Therapist Service Agreement (this "Agreement") is made on _____, 20____, and also serves as the written informed consent to the services below.

Therapist: _____, practicing as _____, license number _____. Practice (if any): _____. Office address: _____.

Client: _____, mailing address _____. Second client (couples or family therapy): _____.

If the client is a minor, parent or guardian (Representative), who signs and pays: _____. Representative is (check one): [ ] a parent sharing legal custody with _____, who will also consent where a court order or the law requires; [ ] a parent with sole legal custody or sole authority to consent; [ ] a court-appointed legal guardian. Representative will give Therapist a copy of any current custody or treatment order.

1. SERVICES

Type of therapy (check one): [ ] individual counseling or psychotherapy; [ ] couples or family therapy; [ ] therapy for a minor; [ ] physical, occupational or speech therapy; [ ] massage or other wellness therapy.

Therapist will provide _____ (the "Services"). The first session is on _____. Each session lasts about _____ minutes, usually (check one): [ ] weekly; [ ] every two weeks; [ ] monthly; [ ] as agreed.

Location (check one): [ ] Therapist's office; [ ] telehealth by live video or phone using _____; [ ] office and telehealth; [ ] Client's home. For telehealth, Client will join from a private place, confirm where Client is at each session, and tell Therapist before traveling to another state or country.

Therapy and treatment can bring benefits and risks, including discomfort for a time. Therapist will use reasonable skill and care but does not promise any particular result. Client may ask about other options and may decline any part of the Services.

2. FEES AND CANCELLATIONS

The fee is $_____ per session. The first session costs $_____. Payment (check one): [ ] self-pay at each session; [ ] Therapist bills Client's health plan and Client pays copays, coinsurance, deductibles and uncovered amounts as the plan contract allows; [ ] Client pays and Therapist provides a statement for out-of-network reimbursement.

If Client pays without using insurance, Client has the right under federal rules (45 C.F.R. § 149.610) to receive a good faith estimate of expected charges, which may cover up to 12 months of ongoing sessions.

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Client may cancel without charge at least _____ hours before a session. For a later cancellation or a no-show (check one): [ ] the full session fee is owed; [ ] a fee of $_____ is owed; [ ] no charge. A health plan does not pay this charge. Therapist may change fees with 30 days' written notice.

3. CONFIDENTIALITY AND RECORDS

Therapist will keep Client's information and records confidential and will share them only with written permission or as the law requires or allows. For counseling and psychotherapy, the law may require or allow disclosure without permission, for example when Client is at serious risk of self-harm, when Client threatens serious harm to another person, when Therapist suspects abuse or neglect of a child, an elderly person or a dependent adult, or when a court order or subpoena requires it. The exact rules depend on state law.

For couples or family therapy, information one person shares alone (check one): [ ] may be raised in joint sessions; [ ] stays private unless that person agrees, subject to the limits above. For a minor, Therapist will share with Representative (check one): [ ] attendance and general progress only, as far as the law allows; [ ] more detail as Therapist judges appropriate. Therapist will tell Representative of any serious risk of harm.

Therapist will keep records as the law requires. If the practice is a HIPAA covered entity, Therapist will give its Notice of Privacy Practices by the first session and ask Client to confirm receipt in writing.

4. COMMUNICATION AND EMERGENCIES

Therapist may contact Client by (check all that apply): [ ] phone; [ ] text; [ ] email; [ ] secure portal. Regular email and text are not fully secure. Therapist does not provide therapy by email or text.

Therapist does not provide emergency services. In an emergency, call 911 or go to the nearest emergency room. For a mental health crisis, Client may also call or text 988 to reach the 988 Suicide and Crisis Lifeline, available 24 hours a day.

5. ENDING SERVICES AND GENERAL TERMS

Client may end the Services at any time. Therapist may end them if they are no longer helping, fees go unpaid, sessions are repeatedly missed or anyone behaves in a threatening way, and will give notice and referrals where appropriate. After _____ days with no session, Therapist may treat the Services as ended and will confirm in writing.

If a term conflicts with a law or professional rule for Therapist's license, the law or rule controls. The law of the State of _____ governs this Agreement. This Agreement, with Therapist's intake forms, is the entire agreement, can be changed only in a signed writing, and may be signed in counterparts and electronically.

Additional terms: _____

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SIGNATURES

Therapist

Signature: _____ Date: _____

Printed Name: _____

Client

Signature: _____ Date: _____

Printed Name: _____

Second client or parent or guardian (if any)

Signature: _____ Date: _____

Printed Name: _____

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