Therapy Agreement

Agreement to Treatment
I hereby give permission for any therapy, testing, or diagnostic evaluation seen as helpful by the Family Therapy Center to treat me, my marriage, family, or other relationship. I understand that therapy may sometimes lead to unanticipated emotional stress as well as emotional improvement, and that the Center does not guarantee any particular results or outcome from the therapy process. I understand further that I am free to discontinue therapy at any time.

Agreement to Video Recording & Observation
Because the Center is part of the Ph.D. program in Marriage & Family Therapy at Virginia Tech, and is an educational facility, I further agree to allow video recording and observation of my therapy for the purpose of clinical treatment and training. I understand that only members of the clinical staff, clinical supervisors, or authorized visiting mental health professionals, will be allowed to view these files or to observe actual sessions, and that they will treat any information they receive with strict confidentiality, except as noted below. I recognize that video recording of all sessions is a requirement of therapy, while observation will occur at the initiative of my therapist. I understand that, as a courtesy, my therapist will inform me when a session is to be observed.

Understanding of Confidentiality
I understand that all records, video files, and other information concerning therapy will be kept in strict confidence by my therapist, Center staff, or anyone otherwise affiliated with the Center. Therapists and others may not give information about my therapy to others, including the fact that I or my companions or family members are in treatment, except when specifically required to by law, or with my specific written consent.

Exceptions to Confidentiality
While my therapeutic record is confidential, I realize that there are times when my therapist or Center staff may be legally or ethically required to divulge information against my wishes. I understand that my therapist or Center staff is required by professional ethics and law to report evidence or suspicion of child or adult abuse or neglect, with or without client consent, including evidence or suspicions formed in the course of treatment. I further understand that my therapist and Center staff are required by professional ethics and law to report threats to physically harm others or ourselves that I, my companions, or members of my family may make, regardless of my or our wishes. Finally, I recognize that my therapist and Center staff are legally obligated to break confidentiality when ordered to do so by a court of law.

Understanding that the Center is Not an Emergency Service
I am aware that the Center is not an emergency or 24-hour service. In an emergency, I will call 911, RAFT/ACCESS, the local police, medical emergency service, or another appropriate agency.
Understanding of Fees and Cancellation Responsibilities

I have discussed a payment plan with my therapist and have agreed to a fee of $____ per hour. I accept responsibility for this fee and recognize that this does not include services such as written reports, responding to subpoenas, 3rd-party consultation, or other services, which are charged at a separate rate, and are not part of this agreement. I further understand that it is my obligation to notify the Center 24 hours in advance when I must cancel an appointment. In the event that I fail to notify the Center, I am aware that I may face a service charge equal to my hourly rate for therapy.

Signature

I have read or had explained to me all the above terms and conditions of therapy, and have signed below to indicate my agreement with each of these terms and conditions:

__________________________________________  __________________________________________
Client                                                                                     Therapist

__________________________________________  __________________________
Client (Adult family member, domestic partner, or other adult)                               Date

__________________________________________
Client (Adult family member, domestic partner, or other adult)

__________________________________________
Legal Guardian (if client is minor)

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