Treatment Agreement and Informed Consent

This form is designed solely for use as an example and template to help you develop a form suited to your own situation. Feel free to use parts of it to draft your own form. Be aware, however, that NO CLAIM IS MADE OF THE LEGAL STANDING OF THIS MODEL. You must craft your own information with an awareness of the legal and ethical requirements of your position, profession, setting, and state. Be advised that HIPAA guidelines require specific and separate notices, and it is advisable to give clients a consent notice specifying how medical records will be maintained and protected and who will or will not have access to them. Discuss any document of this kind with your instructor and supervisor before using it with clients.

Letterhead For Your Agency

Introduction

As a way of introducing myself to clients, I have prepared this brief description of my background, approach, and other information that is important for you to know. Please read this carefully, and feel free to ask me any questions about what you have read or any other elements of your treatment. I know this may seem rather formal and that it covers a lot of information, but I believe it is important for clients to have as much information as possible so they can make informed decisions about their treatments. Again, if you have any questions or concerns at any time, please feel free to discuss them with me.

My name is __________ and I am a/an [intern, practicum student, etc.] presently studying at [institutional name] and working toward my [degree]. I have [previous academic qualifications and practical experience].

Throughout my work here, I will be under the supervision of [supervisor name]. Their qualifications include [list qualifications]. The nature of our supervision will include [describe activities and frequency]. If you have any questions or concerns, please feel free to contact [supervisor name and agency phone number].

Crisis contacts: If for some reason you are unable to contact me or my supervisor, please contact [insert agency contact name and information].

Duration of my work here: My placement at this agency is scheduled to run from [start to stop dates]. On [end date] I will [move on, continue, or other plans]. At that time, clients I am working with will be [transfer or termination plans].
Fees

Fees for services are [describe fees]. All fees will be collected at the time services are provided. Billing procedures will be [describe billing procedures].

In addition to fees for time when I am meeting with you directly, it is also my practice to charge for time required for preparing assessment reports, telephone conversations lasting longer than ______ minutes, consultations, or meetings you have authorized as part of your treatment. I will be pleased to provide you with details of any such costs should they be necessary.

If it happens that you are involved in some way in a lawsuit that requires my participation, you will be responsible for fees associated with my professional time. Because of the demands of preparing for and participating in legal proceedings, my fees for this are ________.

Please be aware that in receiving my services you, not your insurance company, are responsible for full payment of fees. If you want your insurance company to pay for my services, please read your policy carefully to be certain about what your coverage provides. If you have any questions, call your insurance provider to be sure. I will be pleased to help in whatever way I can with this process. If conditions of your insurance policy limit the number of sessions your provider will pay for [explain your policy for managing this situation].

Please also be aware that your insurance company may request diagnostic information, a copy of your treatment plan, and case records in order to provide compensation. This information will then become part of its files. Insurance companies are generally quite responsible about keeping this material confidential, but that is something I cannot control or be responsible for. If you wish, I will provide you with copies of any material or correspondence I send to your insurer.

Finally, continuation of treatment depends on timely payment of fees. If you are unable for some reason to pay a bill as requested, please discuss this with me, and we will attempt to make arrangements as needed. However, I reserve the right to discontinue treatment based on nonpayment of fees.

Confidentiality and Limitations to Confidentiality

I place a high value on the confidentiality of information clients share with me, and I will make every effort to ensure that information about your case will be kept confidential. You should, however, be aware that legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them before we begin treatment or at any time during our treatment. Such situations include [check your state laws before completing this]:

1. If I believe there is a danger that you may harm yourself or others or that you are incapable of caring for yourself.
2. If I become aware of your involvement in abuse of children, the elderly, or disabled persons.
3. If I am ordered by a court to release your records. This sometimes happens when clients are plaintiffs in lawsuits and psychological records are subpoenaed as part of that process.
4. If your insurance company requests records in order to verify the services received and determine compensation.
5. [In the case of minors, list any limitations and requirements for parental notification and the like.]
6. As part of the supervision process, I may discuss your case and share records and other materials [note if tapes will be used] with my supervisor [supervisor’s name]. If you grant permission, I may also discuss your case as part of training group activities but your name and other identifying information will be kept confidential in these discussions.
7. [Depending on policy and law] I may also discuss information about your case with other personnel within the agency.
8. In the event that I die or become incapacitated, I have made arrangements for a colleague to review my records and ensure that clients I am working with receive continued care.

**Treatment Philosophy and Frequency**

Briefly, my approach to treatment is best described as [approach used]. In essence, this means [use layperson’s terms to describe approach]. This approach to treatment is based on [briefly discuss any relevant research or theoretical literature]. I prefer this treatment approach, but there are other approaches available. If you are interested in learning more about these, I would be glad to discuss them with you.

The length of a typical session is [length]. The number and frequency of sessions depends on the client and the nature of his or her concerns. Typically, I see clients for [average number of sessions], but this can vary from as few as [ ] to as many as [ ]. By the [ordinal number of] session, we will discuss how treatment is going and how we expect it to proceed.

**Client Responsibilities**

In order for our work together to be successful, it is essential that clients attend sessions; make a sincere effort to work on the issues we are addressing; and follow through with elements of treatment, such as things to do between sessions, readings, and so on.

If for some reason you cannot attend a scheduled session, please call well in advance and at least 24 hours before your appointment. My schedule tends to be rather full, and if clients do not cancel appointments with sufficient time, others who could receive services are unable to.

Repeated failure to attend sessions or to provide adequate rescheduling notice may lead to termination of our work together.

**Medical Issues**

If you have any medical concerns that I should know about, please be certain to inform me of them. I would also like to discuss how you would like communication and information exchanges, if any, between myself and your primary health care provider to be managed.
Handling Concerns

If any concerns arise at any point during therapy, I encourage you to raise them directly with me so we can work through them. If you feel you cannot deal directly with a concern or issue about your treatment, I will be glad to contact another professional who can help resolve any issues with you.

Contacting Me And Crisis Procedures

Because of the nature of my work, there will be many times when I am with clients and am not immediately available by telephone. My normal office hours are ______ on ______. If I do not answer the phone, please leave a message and a number so I can return your call. If there is an emergency and I cannot be reached, please contact your physician, the emergency room at your local hospital, or the mental health center crisis line at ______.

Concluding Treatment

I believe therapy should continue only until you have reached your goals or until it is no longer benefiting you. If I believe you have achieved your treatment goals or that you are no longer making progress or could benefit more in some other way, I will discuss this with you. If, at any time, you believe it would be best to discontinue treatment, you are free to do so, but please discuss this with me directly during a session together. Please also be aware that under unusual circumstances, including, but not limited to, failure to make timely payments for services, violation of other terms of this agreement, client threats or intimidation, I reserve the right to discontinue treatment at my discretion. Please also know that in the nature of internship training when my time at the internship has completed, I will leave this setting and, if you choose, you will be provided with assistance from another member of the staff.

Additional Issues

I appreciate the time you have taken to read this. As I have said before, if you have any questions or concerns now or at any point during your treatment, please feel free to let me know. Please sign below to indicate that you have read this and have had a chance to ask any questions. When we meet, I will give you a copy of this to keep and refer to if you like.

I am looking forward to our work together.

Sincerely,

[Your name]

I have read this document, discussed it with [intern’s or professional’s name], understand the information contained, and agree to participate in treatment under the conditions described.

Client’s name: ___________________________ Date: ___________________________