C

UNITY FCI THERAPY SERVICES LLC

Agreement for Individual Therapy

places we agree on, starting on	, 20	_ for about	sessions of	minutes each.
I have read the following materials on the	rapy, which ha	ve been provid	led to me by this ther	apist:
1	3			
2	4			
I believe I understand the basic ideas, go therapist has not discussed. In my ow				ant questions or con-cerns that the
According to this therapy, the causes of n	ny problems lie	e in:		
The main methods to be used in this thera	apy are:			
During these sessions, we will focus on w	orking toward	these goals: _		
I understand that reaching these goals is	not guarantee	d.		
I understand that I will have to do the follo	owing things/ta	ke the followin	g actions:	
With enough knowledge, and without beir about any changes in my feelings, though them out in my long-term best interest.				
At the end of meetings, we will evaluate p in nature, order of importance, or definitio agreement, and I may stop treatment afte for one last time.	n. If I am not s	atisfied by our	progress toward goa	ls, I will attempt to make change in this
This agreement shows my commitment to his or her knowledge and skills in good fa pay for uncancelled appointments or thos unforeseen or unavoidable situations aris therapist will help me in getting payments my record of treatment.	ith. I agree to pose where I fail to ing suddenly.	pay \$ o give enough I understand ai	per session, and to p notice that I will not a nd accept that I am fu	pay at the end of each session. I agree to attend. The only exceptions are ally responsible for this fee, but that my
I also give my permission for the therapis also bound by the legal framework of priv me in any way will not be published or giv with all of the points above.	acy and confid	lentiality. I und	erstand that any infor	mation in this recording that could identif
Signature of client		te		
I, the therapist, have discussed the issues reason, in my professional judgment, to b				
Signature of therapist Copy accepted by client Copy	Da Da kept by therap			
Tip, attipitate, siem — Gopy		()+320-260-67	772	PO Box 633 Cold Spring, MN 56320

CF-855291-6387

unityfcitherapyservices.com



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This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

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