

THE BRIDGE FAMILY CENTER
AGREEMENT FOR THERAPY SERVICES

1. I have received a copy of the Bridge Family Center *Policies for Therapy Services* (Client Rights, Confidentiality and Limits of Confidentiality including Mandated Reporting, Grievance Procedure, Arrival to Appointments, Attendance to Scheduled Appointments, Ending Therapy, Fees, Insurance, Medication, and Emergencies). I understand the policies and am aware that I can discuss any questions and concerns with my / our therapist and, if needed, the Clinical Director.
2. I understand that any information that emerges in these sessions is confidential and will only be disclosed outside of sessions among the team to improve treatment, with others with written permission, to seek payment or authorization of sessions from the insurance company, to collect unpaid fees, if ordered by a judge in court proceedings, to prevent someone from killing or seriously harming themselves or someone else, or in the event of alleged or suspected child abuse and/or neglect. I authorize the release of any medical or other information necessary to process the claim for payment and I certify that the information I provided is true, accurate, and complete.
3. I understand that I have the right to express concerns and to file a Grievance in the event of unsatisfactory treatment or if my concerns are not adequately addressed.
4. I agree to keep scheduled appointments when possible, to call 24 hours or more before a session if I need to cancel, to pay for sessions not kept or cancelled without 24 or more hours notice, and to pay established fees (including insurance co-payments and deductibles) at the time of service. I understand that therapy sessions will be suspended until payment is received in full if 2 payments, including late cancellation and no show fees, are missed. I understand that the current therapist and day/time slot may not be guaranteed in these situations. I also understand that therapy sessions may not continue if scheduled appointments are not kept.
5. I have my therapist's number, the after hour answering service number, and understand that in the case of a life threatening emergency, I will call 911. If I need to reach my therapist for an urgent matter that cannot wait until the next scheduled therapy session or next business day, I can attempt to reach them through the answering service. If I do not hear back within 10 minutes, I can call 211 or 911 for assistance.

I agree to the Bridge Family Center *Policies for Therapy Services* and wish to participate in therapy and/or give permission for my minor child(ren) _____ to participate in therapy.

Signature of Client

Date

Signature of Parent or Legal Guardian (if client is a minor)

Date

Signature of Therapist Date

Relationship of Legal Guardian to Client