

Robert Kallus, M.S., L.M.F.T.

In the following Robert Kallus will be known as “the therapist” or “my therapist”.

## **Therapy Agreement**

### *Agreement to Treatment*

I hereby give permission for any therapy, testing, or diagnostic evaluation seen as helpful by my therapist, 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 my therapist 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 Mechanical Recording of Sessions*

I agree to allow audiotaping of sessions, for the purpose of clinical treatment and record keeping. I understand that only my therapist and his certified clinical supervisor will be allowed to listen to these tapes and they will treat these tapes with strict confidentiality, except as noted below.

### *Understanding of Confidentiality*

I understand that all records, audiotapes, and other information concerning therapy will be kept in strict confidence by my therapist, his staff, and his supervisor. My therapist and other staff 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 staff may be legally or ethically required to divulge information against my wishes. I understand that my therapist, his supervisor, and staff are required by law and professional ethics to report threats made by myself or ourselves, by our family members or companions, to physically harm others or ourselves, regardless of my or our wishes. Finally, I recognize that my therapist, staff and supervisor are required to break confidentiality when ordered to testify by a court of law.

### *Understanding that this is not an Emergency Service*

I am aware that the therapeutic environment of the therapist is not an emergency service. In an emergency I will call the local police, medical emergency service, hotline, or other appropriate service.

*Understanding of fees and Cancellation Responsibilities*

I understand that when I or my companion or family member make an appointment, I will keep and be charged for that session, unless otherwise agreed upon by the therapist.

I agree to a fee of \$130.00 for the initial session, and after that, \$110.00 per session. I accept responsibility for this fee and recognize that it does not include services such as written reports, responding to subpoenas, third party consultations, or other services, which are charged at a separate rate, and are not part of this agreement. In the event that I must cancel any appointment, I agree to give the therapist or staff 24 hours' notice in advance of the appointment time. If I fail to give 24 hours' notice to cancel, I agree to pay \$70.00 for that session, even if I or we cannot attend. I also agree to pay for any sessions, which I or we do not attend, without giving 24 hours' notice.

*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's Printed Name \_\_\_\_\_

Client's Signature \_\_\_\_\_

Client's Printed Name \_\_\_\_\_

Client's Signature \_\_\_\_\_

Children (under 18 years of age)

\_\_\_\_\_  
Child's Name (Parent, legal guardian, domestic partner, or grandparent)

\_\_\_\_\_  
Child's Name (Parent, legal guardian, domestic partner, or grandparent)

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date