

Mark Ettensohn, Psy.D.

Licensed Clinical Psychologist | PSY 25461

Treatment Agreement

This agreement is between _____ and Mark Ettensohn, Psy.D. for the rendering of psychological services.

Length and Frequency of Treatment: Psychotherapy typically involves regular sessions, usually fifty minutes in length. Duration and frequency vary depending on the nature of your individual needs.

Confidentiality: Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. All psychologists are mandated reporters, and the law requires breaking confidentiality in life-threatening situations involving yourself or others, or in situations in which children or dependent adults are put at risk (such as by sexual abuse, physical abuse, or neglect). If I need to discuss your treatment with a colleague, I will disguise any identifying information, including using a pseudonym.

Fees: The fee for services is _____ per 50-minute session. Payment is due at the time of each session. Fees may be subject to change with advanced notice. I do not accept insurance at this time.

To ensure payment for services rendered, I require that a valid credit card number to keep on file. This card will be charged if you terminate therapy with an unpaid balance.

Cancellations and Missed Appointments: Psychotherapy represents an agreement that we will meet at the same time each week. Maintaining a regular meeting time is vital to the therapy process. There will be times when you may not feel like coming to a session for various reasons but those are usually the times when it is most important that you come.

To honor this commitment, you are financially responsible for the time that is reserved specifically for you each week. Should you miss or cancel a session, whatever the reason, payment will still be due unless we agree otherwise. Occasionally, I may be able to reschedule a missed appointment. If a session is rescheduled, you will only be charged for the rescheduled session, not the original missed/cancelled session. If no times are available to reschedule, or rescheduling is not clinically indicated, then you will still be financially responsible for the original missed session.

Telephone, Email, and Emergency Procedures: If you need to contact me by phone, please do not hesitate. I check my voicemails regularly and am usually able to return calls within a day. You will not be charged for phone calls unless we have a scheduled conversation of an information exchanging or problem-solving nature that lasts longer than ten minutes.

In the case of an emergency, please call 911.

Freedom to Withdraw: You have the right to end therapy at any time. If you wish, I can give you the names of other qualified psychotherapists.

Informed Consent: I have read and understood the preceding statements. I have had the opportunity to ask questions and I agree to enter a professional therapy relationship with Mark Ettensohn, Psy.D.

Signature: _____

Date: _____