



## PSYCHOLOGICAL TREATMENT AGREEMENT FORM

This agreement is between \_\_\_\_\_ (hereinafter "Client") and \_\_\_\_\_ (hereinafter "MDC").

1. **Description of Services:** The Therapist will provide psychological assessment and/or treatment services to the Client. The specific nature of these services will be discussed and agreed upon jointly, and may evolve over time.
2. **Confidentiality:** The Therapist will maintain the confidentiality of all information received from the Client, subject to the limits provided by law. Exceptions to confidentiality include situations where there is a risk of harm to the Client or others.
3. **Session Duration:** Each therapy session will last approximately \_\_ minutes.
4. **Fees and Payment:** The Client agrees to pay the Therapist a fee of \_\_ per session. This fee is payable at the end of each session.
5. **Cancellation Policy:** If the Client needs to cancel or reschedule a session, they must provide the Therapist with \_\_ hours' notice. If such notice is not received, the Client will be responsible for the full cost of the session.
6. **Emergency Situations:** In the event of a psychological emergency, the Client should contact their local emergency services or a crisis hotline. The Therapist is unable to provide immediate crisis intervention.
7. **Termination of Services:** Either party may end the therapy relationship at any time, though discussion about this decision is encouraged.

By signing this form, the Client acknowledges that they have read and understand the terms of this agreement, have had all their questions answered, and agree to abide by its terms and conditions.

Date :

(\_\_\_\_\_)