



Therapy Agreement

Contract for Mental Health Therapy Services:

I, _____,

Have this day retained Claudia M. Rieman, Licensed Mental Health Counselor, to provide psychotherapy.

I hereby grant my permission for any therapy and/or assessment evaluation that may be deemed appropriate by Dr. Rieman.

I hereby understand that therapy sessions are strictly confidential. However, by law, Dr. Rieman is mandated to honor court orders, and report any suspicion of abuse, neglect, homicidal or suicidal ideation.

I understand that Dr. Rieman has not issued, and will not issue, a guarantee of cure of treatment effects, number of sessions necessary, or total cost of service. It is further understood that Dr. Rieman shall be obligated to maintain a reasonable standard of care for the field of mental health.

I agree that all fees shall be due and paid by cash, check, debit card, credit card or money order at the time of treatment. I understand that I will be charged \$35 for returned checks. Sessions for 50 minutes are billed at \$145 and sessions for 80 minutes are billed at \$195.

I agree to notify Dr. Rieman at least 24 hours in advance of cancelling an existing appointment. If I fail to do so, I understand that I will be charged for the time I had booked, payable at or before my next appointment.

I understand that Dr. Rieman cannot guarantee around the clock availability for emergencies and that it is my responsibility to access emergency care from 911 or other appropriate services such as Mobile Crisis Response Team (954-463-0911) should the need arise.

I understand that if Dr. Rieman is asked or required to provide a summary of my records, she will charge a minimum of her one-hour fee, which must be paid prior to the records being sent. I understand that if Dr. Rieman is subpoenaed for depositions or court appearances on my behalf, I am responsible for any of her expenses that the attorneys do not cover.

I understand that between-session telephone consultations lasting longer than five minutes will be prorated at the hourly fee.

I voluntarily enter into this agreement with the understanding, knowledge and responsibility contained herein.

Client's Signature: _____ Date: _____