Agreement to a healthy therapeutic relationship to promote successful treatment:

1. Clear Boundaries

 a. Will meet for weekly therapy sessions 45-75min 1-2x per week (2x per week preferred)

 b. Contact outside of treatment will consist of voice mails left at (859) 431- 6333 x2. Voicemails can be left anytime day or night. Voicemails left after 11:30pm will not be checked until the next day.

 c. Journal or email between sessions. Emails will not be returned, but will be saved to discuss in the following treatment session.

 d. No further text messaging will occur.

2. Crisis Management

 a. Therapist will return voicemail in the case of an emergency.

 b. Emergency is defined if you are suicidal, have an active plan, and or cannot keep yourself safe. If an emergency occurs after 11:30 at night during go directly to the hospital.

 c. Therapist will contact you by phone and assess if hospitalization is necessary. If necessary you will take yourself to the hospital, or 911 will be called to transport you to the hospital.

By signing this agreement you are signing on behalf of yourself and your other parts understanding these boundaries are intended to help you have healthy relationships in therapy as well in other areas of your life. I understand if I cannot agree to this agreement I cannot continue therapy in a successful manner.

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Signature Date

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Witness Date