

Our Therapy Agreement

I, _____, (or on behalf of my child), _____, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, Leigh Anne Mehldau, LCSW, before I start (or the child starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by Leigh Anne Mehldau, LCSW, about the results of treatment, the effectiveness of the procedures used by her, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this packet. I hereby agree to enter into therapy with Leigh Anne Mehldau, LCSW (or to have my child enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client:

- Self Parent Legal guardian
- Health care custodial parent of a minor (less than 14 years of age)
- Other person authorized to act on behalf of the client

I, Leigh Anne Mehldau, LCSW, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client Copy kept by therapist