

FLIGHT AGREEMENT



The purpose of this form is to make sure we are on the same page about the business end of our FLIGHT. Please *initial next to each item* and then sign and date the document. If you have any questions, don't hesitate to let me know!

_____ I understand that this FLIGHT includes one 45-50-minute session, a written feedback report, and a 20-minute follow up session upon request.

_____ I understand that everything I share in my FLIGHT and on my forms is completely confidential.

_____ I understand that while Dr. Kate Smaller is a Licensed Clinical Social Worker, this FLIGHT is a consultation and NOT a psychotherapy engagement (meaning there is not an ongoing working relationship upon completion of the FLIGHT).

_____ I understand that Dr. Kate Smaller may have additional resources for me upon completion of my FLIGHT, and I understand that 911 is always a resource in the event of an emergency.

_____ I understand that my FLIGHT is non-refundable, and I understand that if I need to cancel the meeting portion of my FLIGHT with less than 24-hour notice, I will incur a \$175 cancellation fee.

Signature: _____ Date: _____

Name: _____ Date of birth: _____