



Smiths Station and Phenix City Psychological

2061 Panther Parkway • Smiths Station AL, 36877

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Our Agreement

I, the client/authorized person, understand that I have the right to not sign this form. I understand I can choose to discuss my concerns with you, the psychologist, before I start or the client starts formal therapy/testing. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during treatment/testing I have questions about any of the subjects discussed in this agreement, I can talk with you about them, and you will do your best to answer them.

I understand that no promises have been made to me as to the results of treatment/testing by this psychologist.

I understand that after therapy/testing begins, I have the right to withdraw my consent to therapy/testing at any time, for any reason. However, I will make every effort to discuss with you any concerns about progress, before ending therapy/testing. I understand that if I choose to terminate therapy/testing, I will only be responsible for paying for the services that I have already received or that fall within the below stated cancellation period.

***Please initial after the following acknowledgments. Thank you.**

- I. I know that I must call to cancel an appointment at least 48 hours (business days) before the time of the appointment. If I do not show for my appointment I will be charged **\$100** fee. **Initial** _____
- II. I have read or have had read to me, the issues and points in this agreement. I have discussed those points I did not understand and have had my questions, if any, answered. I agree to act according to the points covered in this agreement. I hereby agree to enter into therapy/testing with this psychologist (or to have the client enter therapy/testing) and to cooperate fully, to the best of my ability, as shown by my signature here. **Initial** _____
- III. I consent to allowing Smiths Station and Phenix City Psychological to provide minimal information to my insurance company for remittance purposes. **Initial** _____

Your Name

Your Signature

Date

Client's Name (if a child)

**Client's Signature
(if 14 years or older)**

Date