



THERAPY AGREEMENT

Contract for Mental Health/Family Therapy Services:

I, (we) _____, hereinafter referred to as the Client(s), have this day retained Lauryn Salassi Gilliam, MS, LMFT, PhD (candidate), to provide mental health/family therapy.

I, (we) hereby grant my (our) permission for any therapy and/or assessment evaluation that may be deemed appropriate by Ms. Gilliam.

I, (we) hereby understand that therapy sessions for myself and my family are strictly confidential. However, by law, Lauryn Salassi Gilliam, LMFT is mandated to honor court orders and report any suspicion of abuse, neglect, homicidal or suicidal ideation.

It is expressly understood that Lauryn Salassi Gilliam, LMFT 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 Ms. Gilliam shall be obligated to maintain a reasonable standard of care for the field of mental health/family therapy.

I, (we) agree that: 1) the full fee of \$_____ shall be due and paid at the time of treatment; 2) if the client does not give the clinic at least 24 hours notification of cancelling an appointment, the client will be responsible for a fee of \$_____; and 3) Ms. Gilliam cannot guarantee around the clock availability for emergencies and it is the client(s) responsibility to access emergency care from 911 or other appropriate services should the need arise.

Use of text or email will not be utilized for the purposes of therapy. Text will be allowed for scheduling purposes only not for therapy nor emergencies. Only if the client and therapist agree for texting or e-mailing to be used in the event of special circumstances will these alternative methods be utilized. In the event that texting and or emailing will be used for the purposes of therapy the client fee will be \$25.00 per 15 minutes.

This agreement is entered into voluntarily by the Client(s) with the understanding, knowledge and responsibility contained herein.

Client's Signature _____ Date _____

Client's Signature _____ Date _____

LAURYN SALASSI GILLIAM, MS, LMFT, PhD (candidate)