



Lighthouse Child & Family Services

TREATMENT CONTRACT

You may discontinue treatment at any time. There is nothing in this contract requiring you to start or continue in therapy.

Please Initial

_____ Treatment has both benefits and risks. It requires an investment of your time and energy in order to make the process of treatment most successful. We will begin with a discussion of your needs and concerns, and what it is you would like to accomplish by coming for treatment, which is called a Diagnostic Assessment. Next, we will discuss a treatment plan in accordance with your goals and aims. Frequently, individuals go through periods in treatment that result in emotional discomfort, changes in their relationships, or temporary worsening of their symptoms. This should subside as the work progresses.

_____ Treatment works best if you are knowledgeable about your problems and diagnosis. You have the right to ask me questions about anything that happens in treatment. I am always willing to discuss how and why I have made decisions as well as my diagnosis and understanding of your problems.

_____ Treatment works best if we can work as a team. We will work together to establish the goals and duration of therapy, and you have the right to discuss and change these at any time. Most insurance plans will provide payment for services that are determined to be “medically necessary,” and I will inform you of the medical necessity of your treatment. You have a right to participate in the discussion regarding the ending of our work together.

_____ I am not available by telephone for emergencies aside from my normal business working hours. If you are in need of assistance at times I cannot be reached, you can contact the Crisis Hotline for Mille Lacs County (and surrounding areas) at 1-800-523-3333.

_____ If I am not able to help you with my services, you have the right to a referral to another treatment provider who may be better able to meet your needs.

_____ Treatment works best if you attend appointments consistently. You are responsible for coming to your sessions at your scheduled time. If you are unable to keep an appointment, please contact our office immediately at 320-983-2335. If an appointment is missed with less than a 24-hour notice, you may be billed for the session. Exceptions to this rule will be extremely rare. If you are billed for a missed session, your insurance carrier will not pay for this charge and you will have to pay this on your own.

_____ Although confidentiality and privileged communication remain the right of all clients of mental health professionals, according to the law, if an individual intends to take harmful acts or dangerous actions against another human being, or against themselves, or harmful acts are being done to you, it is the mental health professional’s duty to report this to the proper authorities and/or individuals and to warn the person or the family of the person who is likely to suffer the results of harmful behavior, or the family of the client who intends to harm himself.



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You are responsible for telling me if you wish to conclude treatment. If you feel you have reached a point where you no longer need my services, please contact my office at (320) 983-2335 so discharge paperwork may be completed.

Client Signature

Date

Therapist Signature

Date