



## **TREATMENT CONTRACT**

### **I. Rights**

**You may discontinue treatment at anytime.** There is nothing in this contract that requires you to start or to continue in therapy.

**Confidentiality.** The information you share with me in treatment is confidential. This means I am legally and ethically bound to maintain your privacy and confidentiality. The following are legal exceptions to your legal right to confidentiality. I will inform you of any time when I think I will have to put one of these into effect.

1. If I have good reason to believe that a patient of mine will harm another person, I must attempt to inform the intended victim; I must also contact the police and ask them to protect the intended victim.
2. If I have good reason to believe that a patient of mine is abusing or neglecting a child or vulnerable adult, or if I have good reason to believe that a child in treatment has been abused, I must contact Child and/or Adult Protective Services within 48 hours.
3. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police. I will explore all other options with you before I take this step.
5. I may have to release your records when ordered to do so by court subpoena. I will discuss this with you beforehand.
6. If you choose to seek reimbursement from your health insurance, they may request information from your records kept in my office.

**Risks and benefits.** You have the right to know the potential risks and benefits of the treatment you are receiving. 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. Next, we will discuss a treatment plan in accordance with your goals and aims. Frequently, individuals go through periods in treatment which result in emotional discomfort, changes in their relationships, or temporary worsening of their symptoms. This should subside as the work progresses. Remember, you always retain the right to request changes in treatment or refuse/decline treatment at anytime. You have the right to ask me questions about anything that happens in treatment.

**Emergencies.** I am available by phone for emergencies by calling my regular number which is 727-781-6567. I will return the phone call as soon as possible. However, at times I cannot be reached for an emergency; dial 211 for crises intervention. If the emergency is life threatening, dial 911 or go directly to the nearest emergency room.

**Right to a referral.** 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.

## **II. Responsibilities**

### **Attendance:**

1. You are responsible for coming to your sessions at your scheduled time. If you are unable to keep an appointment, please notify me immediately. If an appointment is missed with less than a twenty-four hour notice, you will be billed for the session. Exceptions to this rule will be extremely rare.
2. You are responsible for telling me when you wish to conclude treatment.

### **Payment Method:**

1. The client or their guardian is considered responsible for payment of professional fees. Visa and MasterCard will be accepted for your convenience. There is a \$20.00 charge for checks drawn on insufficient funds.

### **Insurance:**

A statement can be provided upon request for your records or to submit to receive insurance reimbursement. If you choose to file insurance claims for services, your insurance company may require information from the office records; please speak to me if you have concerns about this possibility.

### **Informed Consent:**

The information Forrest Samnik is providing to me is only as general information. As part of the information presented and work we are doing together, I understand that I will be introduced to modalities called Emotional Freedom Technique ("EFT"), Meridian Tapping Techniques ("MTT") and other energy practices which are techniques referred to as a type of energy therapy. Due to the experimental nature of EFT and MTT, I agree to assume and accept full responsibility for any and all risks associated with utilizing EFT, MTT and other energy practices; and using EFT and MTT as part of my participation in single or group sessions. The information presented including introducing EFT or any other technique, is not intended to represent that EFT and MTT or any other technique, is used to diagnose, treat, cure, or prevent any disease or psychological disorder. EFT and MTT or any other technique is not a substitute for medical or psychological treatment. Any stories or testimonials presented do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT and MTT or any other technique demonstrated for any particular issue. I understand that Forrest Samnik accepts no responsibility or liability whatsoever for the use or misuse of the information or techniques presented, including, but not limited to, EFT and MTT demonstrations, training, suggestions, sessions, and related activities. I understand Forrest Samnik strongly advises that I seek professional advice as appropriate before making any health decision(s). If I am on any medications, I understand I am NOT to change any dosages and should consult my physician or the professional who prescribed my medications.

**By signing this treatment contract, the client and/or other responsible party agree that they have read it carefully, have understood its content, have been offered a copy, and agree to its terms.**

Signatures:

X\_\_\_\_\_

Client/Parent/Guardian

\_\_\_\_\_ Date