

TREATMENT CONTRACT

We appreciate your business and we look forward to working with you in your recovery. To best serve you, it is important that we sign an agreement regarding services provided.

In signing this consent, I, _____, agree to the following therapeutic requirements

Client's responsibilities

1. I will keep appointments with other professionals involved in my care and do my best to arrive on time. If I am working with a psychiatrist, I agree to take all medications as prescribed by my doctor.
2. **I understand that, after the initial assessment, all therapy appointments are for 45 minutes, 30 minutes for dietitian appointments, unless agreed upon beforehand.**
3. **I will pay all fees and/or co-pays at the time of each appointment, unless otherwise arranged with the practitioner. I will pay an administrative fee if I do not pay at the time of service.**
4. **If I must cancel an appointment, I will do so at least 24 hours in advance, or be billed for the time missed at the rate of \$60.00/hour, regardless of the original fee. In an emergency, I will cancel as soon as possible.**
If I must cancel an appointment, I will CALL my provider unless she agrees to text messages. I understand that e-mail is not an appropriate method of cancelling an appointment.
5. **I will discuss with my provider the use of calls, texting and e-mail in between sessions. I understand that contacting my provider between sessions outside of emergencies should be kept to a minimum.**
6. I am aware of my right to privacy under The Health Insurance Portability and Accountability Act as outlined in the HIPAA information sheet given to me.
 - a. I give permission for The Hull Institute staff to contact my insurance company and discuss my case to the extent necessary for billing purposes.
 - b. All records and sessions will be kept confidential, except when my practitioner believes I am in danger of hurting myself, or others, or in cases of suspected child and/or elder abuse.
 - c. I have the right to review my record with my practitioner, and, with a written request, I may receive a copy of my records.
 - d. In order for anyone at The Hull Institute to discuss my case with anyone outside of the Hull Institute, including my family, I must sign a Release of Information. This does not apply to minors under the age of 18, though confidentiality will be respected to the extent possible.
7. I will not attempt to harm myself in any way, including reckless driving, drug use, self-injury, or suicide attempts. I will discuss with my therapist any thoughts or urges I may have to hurt myself, but I will not act on any of these behaviors. I understand that if I do act on any of these behaviors, my therapist will contact my emergency contact number or the police or Mobile Crisis Team.
8. If I have a medical or psychiatric emergency and am unable to reach anyone at The Hull Institute, I will contact my other providers, the Mobile Crisis Team (216) 623-6888 or go to an emergency department for care.
9. I agree to keep confidential any personal information I hear about other clients receiving care at The Hull Institute.

- 10. If I have a complaint about my care, I will discuss that complaint with my practitioner. I will be treated with respect and my complaint will be addressed rapidly and professionally. If I wish to file a grievance, I have the right to speak with the Clients Rights Officer, Ann Hull.
- 11. I have the right to discontinue treatment at any time.
- 13. I understand that The Hull Institute Staff has the right to terminate my treatment if I am not compliant with attending scheduled sessions or cooperating with the agreed upon treatment goals. If I need a higher level of care, my therapist will refer me and work with other providers to assure continuity of care.

Therapist's responsibilities

I, the therapist, agree to work with _____ on the areas described above. In order for me to work most effectively with this client, I agree to the following therapeutic requirements that are designed to help this client advance:

- 1. I will attend all appointments on time. Should I need to change the time of an appointment, I will call the client as soon as I am able. In the event of an emergency cancellation, I will attempt to reschedule the appointment as soon as possible.
- 2. I will return all calls in a timely manner. It is not always possible for me to return all phone calls immediately. I will negotiate with the client the amount of contact in between sessions and the use of calls, texting and e-mail.
- 3. I will appoint a coverage person for my absences, such as during conferences or vacations. I will notify the client of the name, phone number, and credentials of the person covering for me.
- 4. I will work within my areas of expertise, and will work to the best of my ability. If a client requests assistance for an area outside of my expertise, I will work with the client to find a suitable professional to treat them.
- 5. I will work collaboratively with other professionals (e.g., medical doctor, dietitian, other clinicians, etc.) involved in my client's care.

We agree to follow the responsibilities outlined for client and therapist.

******I have received a copy of The Hull Institute Privacy Policy: _____(Initials)******

Print Name of Client

Signature of Client

Date

I consent to treatment for my minor child

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date signed

Signature of Therapist

Date signed