## THERAPY AGREEMENT: In office or via telehelath

# Confidentiality

The therapy relationship is a professional and confidential relationship. What is revealed in this setting is confidential and is protected by professional and ethical standards. All material is confidential and cannot be released without your written consent. The laws of the state of South Dakota make certain exceptions to this confidentiality privilege. If there is reasonable suspicion that you may harm yourself or others, then your therapist is required by law to inform others in order to protect them or yourself. If there is reasonable suspicion of child abuse, a report will be made to Child Protective Services.

# Payments

We are committed to providing you with the best possible care. Co-pays/co-insurance are due at the time of service unless another agreement has been reached between you and your therapist. We accept cash, checks, MasterCard, Visa, and Discover. Any amount not paid by a third party is expected to be paid by you within 30 days unless other arrangements have been made.

# Cancellations

If you are unable to attend a scheduled session, it is your responsibility to let this office know of your intent to cancel your appointment. Appointments must be cancelled at least 24 hours prior to the session in order to avoid being charged. We reserve the right to charge $30 if you do not cancel and do not attend the session. Exceptions include weather, family emergencies, and unexpected illness.

# Emergencies

If you are in need of emergency psychological help at a time when your therapist is not available, it is your responsibility to call 911 or another support service (such as 339-HELP, a 24-hour help line).

# Phone Calls

There is no charge for brief calls. However, calls requiring more than ten minutes of time may be charged according to the closest quarter rate at the discretion of your therapist.

# HIPAA Acknowledgement

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting our office.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated February 2, 2020.

**If you have questions about this agreement, please do not hesitate to ask us. We are here to help you.**

*My signature below indicates that I have read the above policies, and that I intend to abide by them. I have been given a copy of these policies.*

**Client:**

*(Signature) (Date)*

**Other:**

*(Printed Name) (Relationship)*

*(Signature) (Date)*