

TREATMENT CONTRACT

We appreciate your business and we look forward to continuing to work with you in your recovery. To best serve you, it is important to renew our agreement regarding services provided. In signing this consent, I, _____, agree to the following therapeutic requirements that are designed to help me advance.

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 psychotropic medications as prescribed by my doctor.
2. **All appointments will be for 50 minutes, 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.**
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. In an emergency, I will cancel as soon as possible.**
5. **If I am seeking treatment for disordered eating behaviors, I agree to see a dietitian on a regular schedule as discussed and agreed upon in therapy.**
6. **I will turn my cell phone off during sessions.**
7. I am aware of my right to privacy under The Health Insurance Portability and Accountability Act as outlined in the HIPAA information sheet posted in the waiting room.
 - 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 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.
8. 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 may immediately terminate our treatment together and refer me to another therapist or community agency.
9. If I have a medical or psychiatric emergency and am unable to reach anyone at The Hull Institute, I will contact other providers, family, the Mobile Crisis Team or go to an emergency department for care.
10. I agree to keep confidential any personal information I hear about other clients receiving care at The Hull Institute.

- 11. 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.
- 12. 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 my clients in the above areas, I agree to the following therapeutic requirements that are designed to help my clients 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 return all phone calls as soon as I am able.
- 3. I will appoint a coverage person for my absences, such as during conferences or vacations. I will notify my clients 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 who does have expertise in that area.
- 5. I will work collaboratively with other professionals (e.g., medical doctor, dietitian, other clinicians, etc.) involved in the client’s care.

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

_____ Signature of Client I consent to treatment for my minor child: _____	_____ Printed Name Date signed: _____
_____ Signature Parent / Legal Guardian	_____ Date signed
_____ Signature of Therapist	_____ Date signed

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