

THErapy SERVICES AGREEMENT

Client Name: _____

Therapist Name: _____

1. Parties and Purpose:

This Therapy Services Agreement ('Agreement') is entered into by and between Client and Therapist for the purpose of providing professional therapy services. Both parties agree to the terms contained herein and acknowledge that this Agreement is legally binding and enforceable under United States law.

2. Description of Services:

Therapist agrees to provide therapy services appropriate to the Client's needs as mutually agreed upon. Services may include but are not limited to individual counseling, behavioral therapy, cognitive therapy, and other evidence-based interventions implemented in a professional and ethical manner.

3. Scheduling and Session Terms:

Appointments will be scheduled at mutually agreed times. Each session typically lasts 50-60 minutes. Cancellations require at least 24 hours notice; failure to provide such notice may result in fees as set forth by Therapist. Therapist reserves the right to modify scheduling policies upon reasonable notice to Client.

4. Fees and Payment:

Client agrees to pay Therapist the agreed fee per session, payable at or before each appointment unless otherwise agreed. Payment may be made by cash, check, or electronic means accepted by Therapist. Fees are subject to change upon prior written notice to Client.

5. Confidentiality:

Therapist shall maintain confidentiality of Client information in accordance with applicable federal and state laws, including HIPAA. Exceptions to confidentiality include risk of harm to self or others, abuse or neglect of minors, elders, or dependent adults, or as otherwise required by law.

6. Risks and Benefits of Therapy:

Client acknowledges that therapy may have benefits and risks, including emotional discomfort. Client agrees to discuss any concerns with Therapist and understands that no guarantee of specific outcomes is made.

7. Termination of Services:

Either party may terminate this Agreement at any time by providing notice to the other. Upon termination, Client will be responsible for payment of services rendered up to the date of termination.

8. Client Responsibilities:

Client agrees to actively participate in therapy, attend scheduled sessions, and communicate openly and honestly. Client will inform Therapist of any changes in medication, health status, or other factors that may impact therapy.

9. Therapist Responsibilities:

Therapist agrees to provide professional services consistent with ethical standards, maintain appropriate licensure, and respect Client's dignity and autonomy.

10. Limitation of Liability:

Therapist shall not be liable for any indirect, incidental, consequential, or punitive damages arising from therapy services. Client agrees to hold Therapist harmless from any claims related to therapy, except as required by law.

11. Governing Law and Dispute Resolution:

This Agreement shall be governed by the laws of the United States and the state in which Therapist practices. Any disputes shall be resolved by mediation or arbitration prior to seeking judicial remedies, to the fullest extent permitted by law.

12. Entire Agreement and Amendments:

This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements. Amendments must be made in writing and signed by both parties.

13. Severability:

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

14. Client Consent:

Client acknowledges having read and understood this Agreement, had the opportunity to ask questions, and consents to receiving therapy services under these terms.

CLIENT SIGNATURE

THERAPIST SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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