Client ID: _____   Client Initials: _____

Therapist-Client Agreement
SIUC Clinical Center

In our efforts to provide services that are safe and respectful, therapists and clients are asked to review and clarify mutual expectations. Your initials next to each statement and your signature at the bottom indicates your understanding of, and commitment to compliance with these expectations. The form will be kept on file, with a copy provided at your request.

1. The therapist will strive to provide a therapeutic space and encounter that promotes safety, openness, and acceptance of diverse thoughts, feelings, and experiences. The client will fully engage in treatment process and commit to active participation in establishing and achieving therapy goals. _____ _____

2. The therapist will establish a clear and regular meeting schedule. The client will attend all regularly scheduled and make-up sessions. _____ _____

3. The therapist and the client will both be prepared and on time for each scheduled appointment. If the client does not arrive within 15 minutes after the scheduled session time, the session will be cancelled. _____ _____

4. Missed sessions will be kept to a minimum in consideration of the training needs of the therapist and the therapeutic progress of the client. Both the therapist and client will provide advanced notice of planned absences and will call as early as possible (i.e., at least 24 hours prior to the session) to advise of an unplanned absence. Services will be discontinued if 1) there is more than one month (i.e., four weeks) between sessions OR if the client mises three or more appointments within a 90-day period (i.e., no-shows, cancellations without rescheduling). Referral information will be provided upon request. _____ _____

5. The therapist will work with the client to establish realistic, achievable therapy goals. If therapy is not resulting in progress toward therapy goals, both parties will discuss the need for change, and decide upon appropriate action. _____ _____

6. Both parties understand that consuming alcohol, smoking, illicit substances and weapons are prohibited in the Clinical Center. Neither party will attend sessions while under the influence of behavior altering substances. Interactions will be socially appropriate. All electronic devices will be turned off. Disruptive behaviors, or those that otherwise interfere with the therapy process, may result in discharge from services. Referral information will be provided upon request. _____ _____

_____   _____   _____ ☐
Client's Name (print)   Client's Signature   Date   Verbal
                                                                                                      Consent

_____   _____ ☐
Parent/Guardian Signature   Date   Verbal
                                                     Consent

_____   _____
Clinician Signature   Date