Client # _____

Client Initials _ _ _ _ _ _ _ _ _ _

SIUC Clinical Center
Therapist-Client Agreement

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. Thanks.

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 scheduled. The client will attend all regularly scheduled and make-up sessions. _____ _____

3. Both the therapist and client will provide advanced notice of planned absences, and will call as early as possible to advice of an unplanned absence. Absences will be kept to a minimum, in consideration of the training needs of the therapist, and the therapeutic progress of the client. Excessive absences may result in discharge from services. Referral information will be provided upon request. _____ _____

4. He therapist will be prepared and on time for each scheduled appointment. The clinician will arrive promptly for all appointments. A client who does not show up, and does not call to cancel 2 or more sessions, may be discharged from services. Referral information will be provided upon request.
   _____ _____

5. The therapist will work with the clients 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 part will attend therapy 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 form services. Referral information will be provided upon request. _____ _____

Client Signature _____ Date:_____

Clinician Signature _____ Date _____

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