

SUSAN E. SCHWARTZ

Ph.D.

Treatment Agreement

CLIENT NAME: _____ DATE OF BIRTH: _____

Please initial in each box on the left after reading the text to the right:

	FEES: The fee per individual 45-minute session is \$225.00 due at the time of our session. Fees are the same for video, phone, or in-person sessions.
	CANCELLATION: Sessions are by appointment only. While I hate charging for missed sessions, I do reserve that time for you. Therefore, you will be charged the full session fee (not just a copayment) for missed sessions or for those canceled without 24-hour notice, except in medical emergencies. Since your time is also valuable, if I forget a session, you get one session free.
	CONFIDENTIALITY: What you say during analysis, your records, and your attendance are all confidential. Exceptions to confidentiality include when your records are subpoenaed for legal reasons, and when reporting is required or allowed by law. The law requires reporting of suspicion of child abuse or neglect; bullying; when there is downloading, streaming, or accessing material in which a child is engaged in an obscene or sexual act; danger to self; suspected elder abuse; and suspected danger to others. Other exceptions to confidentiality are when you give written permission to release information. See other exceptions outlined in my Notice of Privacy Practices .
	IN AN EMERGENCY: Contact me via email and voicemail, you may also go to the emergency room or dial 911.
	EMAIL/SOCIAL MEDIA: In general, email or text are the quickest ways to reach me. I use them to arrange/change appointments. When canceling, please leave BOTH a voicemail and email. Please do not email me information related to your analysis, as email is not completely confidential, and important issues should be reserved for sessions. Be aware that emails between us become part of your legal record. I do not accept friend requests or contact requests from clients on social networking sites (Facebook, LinkedIn, etc.) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our analysis relationship.

Susan E. Schwartz, Ph.D.

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602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

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INITIAL

	<p>REFERRALS/GROUP: A referral to another provider may become necessary if it becomes clear in my opinion that your issues would be better treated by a professional with different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you. Agreements made between you and I do not involve other professionals in the office suite, who each operate independent solo practices, and are not part of a group.</p>
	<p>ENDINGS: If you are unhappy with any aspect of analysis, please don't just leave – I ask that you talk to me to see if we can work it out. Even if we can't, endings usually feel better this way. Of course, you may end analysis at any time, and I am happy to assist with referrals. It is my ethical duty to provide analysis only when I feel you are actively participating and benefiting from the sessions. I may end treatment if there have been repeated no-shows, late-cancellations, or other treatment interruptions.</p>
	<p>PATIENT RIGHTS: You have the right to ask any questions about your treatment or refuse to participate in treatment at any time. This office does not discriminate in the delivery of healthcare services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender/gender identity, age, mental or physical disability, medical condition, sexual orientation, medical history, evidence of insurability, or source of payment.</p>
	<p>COMPLAINTS: The Arizona Board of Behavioral Health Examiners (licensing board name) receives and responds to complaints regarding services provided within the scope of practice of AZ LPC-1777 (license). You may contact the board online at azbbhe.us, or by calling (602) 542-1882</p>

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