

# THERAPY SERVICES AGREEMENT

Client Name: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

## Client Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Therapist Information:

Full Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Scope and Nature of Therapy:

Therapist agrees to provide professional therapy services to Client as mutually agreed upon. Therapy is a collaborative process aimed at addressing Client's emotional, psychological, or behavioral concerns. Therapist does not guarantee any specific results or outcomes.

## Client Rights and Responsibilities:

Client has the right to ask questions regarding the therapy process, refuse or discontinue therapy at any time, and be informed about the nature and risks of therapy. Client agrees to participate actively and honestly in therapy, attend scheduled sessions, and provide accurate information.

## Confidentiality:

All information shared during therapy sessions is confidential and will not be disclosed without Client's written consent except as required by law, including but not limited to situations involving risk of harm to self or others, abuse or neglect of a child, elder, or dependent adult, or court orders.

## Fees, Payment, and Cancellation Policy:

The fee per therapy session is \$ \_\_\_\_\_. Payment is due at the time of each session unless otherwise agreed. Cancellations require at least 24 hours' notice; otherwise, Client may be charged the full session fee.

## Termination of Therapy:

Either Client or Therapist may terminate therapy at any time. Upon termination, Therapist may provide referrals or recommendations for continued care as appropriate.

## Limitation of Liability:

Therapist shall not be liable for any damages arising from therapy services except in cases of gross negligence or willful misconduct. Client agrees to hold Therapist harmless from any claims or disputes arising out of this Agreement or therapy services.

**Governing Law and Dispute Resolution:**

This Agreement shall be governed by the laws of the State of \_\_\_\_\_. Any disputes arising from this Agreement shall be resolved through mediation prior to any legal action. If mediation fails, disputes shall be subject to binding arbitration in accordance with the rules of the American Arbitration Association.

**Entire Agreement; Amendments:**

This Agreement constitutes the entire understanding between Client and Therapist and supersedes all prior agreements or understandings, whether written or oral. Amendments must be in writing and signed by both parties.

**Acknowledgment and Consent:**

Client acknowledges reading and understanding the terms of this Agreement, consents to therapy services, and agrees to abide by its terms. Client has had the opportunity to ask questions and all questions have been answered to Client's satisfaction.

**CLIENT SIGNATURE**

**THERAPIST SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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