

Agreement for Couples Therapy

We, _____ and _____ the couple, agree to meet with Dr. Harel Papikian for the purpose of couples counseling at the appointment times and places we agree on, starting on _____.

We believe we understand the basic ideas, goals, and methods of this therapy. We have no important questions or concerns that Dr. Papikian has not discussed.

With enough knowledge, and without being forced, we enter into treatment with Dr. Papikian. We will keep our therapist fully up to date about any changes in our feelings, thoughts, and behaviors. We expect to work together with Dr. Papikian on any difficulties that occur, and to work them out in our long-term best interest.

At the end of meetings, we will evaluate progress and may change parts of this agreement as needed. Our goals may have changed in nature, order of importance, or definition. We understand our right to discontinue couples counseling upon our decision to do so and after providing Dr. Papikian with a notice of our intentions and meeting with him for one last time.

This agreement shows our commitment to pay for the services provided by Dr. Papikian. It also shows Dr. Papikian's willingness to use and share his knowledge and skills in good faith. We agree to pay \$ _____ per 50-minute clinical hour, and to pay the fee at the end of each session. We agree to pay in full for appointments we missed without cancelation at least 1 day prior to the appointment. Full fee will be charged for a no-show, or for appointments cancelled less than 24 hours prior to scheduled time of the appointment. The only exceptions are unforeseen or unavoidable emergencies. We understand and accept that we are fully responsible for these fees. We understand that this agreement will become part of our record of treatment with Dr. Papikian.

Our signatures below mean that we understand and agree with all of the points above.

Signature of client _____ Date _____

Signature of client _____ Date _____

I, Dr. Papikian, have discussed the issues above with the clients. I believe, in my professional judgment, that both partners are fully competent to give informed and willing consent.

Signature of therapist _____ Date _____