Emily Robson MA., LPC
18090 Mack Ave Grosse Pointe, MI 48230
313.460.5536 robsondemily@gmail.com

TREATMENT CONTRACT

I agree to enter into a service contract with Emily Robson, LPC. I understand that confidentiality is maintained and protected by Federal Law and Regulation. I have been informed of the limits of confidentiality and the provider's duty to warn located in Notice of Privacy Practices.

I agree to a 24-hour cancellation notice or I will be responsible for the fee for that session. A grace period of 15 minutes will apply prior to my session being cancelled.

I agree to pay for services ($150.00/60-75 minute session) at the time they are received. I understand that Emily Robson is a Fee for Service Provider and does not accept insurance and /or submit billing claims. Fees are payable in cash or by personal check. An additional charge of $35.00 will be applied for checks returned due to insufficient funds.

I agree to develop treatment goals and work to the best of my ability to achieve them. The goals I would like to achieve are:

1._____

2._____

3._____

While I expect benefits from this treatment, I fully understand and accept that such benefits and desired outcomes cannot be guaranteed. I have been advised that treatment may be disruptive to a client and may cause a client to develop psychiatric symptoms. I recognize that a psychiatric evaluation by a psychiatrist may be deemed advisable in my treatment and I will discuss this option with my provider.

I, _____, agree to go to the nearest emergency room and/or call my prescribing doctor and/or utilize the Macomb County Crisis Line @ 586.307.9100 if I feel I'm going to harm myself or anyone else. I agree to also discuss this with Emily Robson.

_____ _____
Client Signature(s) Date

_____ _____
Parent Signature (if client is a minor) Date

_____ _____
Provider Signature Date