
OUR AGREEMENT

I, the client, have read the material presented on Dr. Flathman’s website, specifically the information outlined in the “Information About My Practice” section. I hereby agree to enter into therapy according to the information provided.

I understand that any of the issues mentioned can be discussed and may be open to change. If at any time during our sessions together I have questions about any of the subjects discussed, I can raise such concerns and have them discussed until I am satisfied with the conditions of treatment.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. I affirm, however, that I will make every effort to discuss concerns about my progress before ending therapy. By signing below, I indicate my commitment to working hard for myself and giving my best efforts to my treatment.

Client Signature: _____ Date: _____

Printed Name: _____

I, Dr. Marcus Flathman, believe that this client understands the issues and is fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Therapist Signature: _____ Date: _____

I appreciate the chance you have given me to be of service to you and I look forward to a valuable relationship.

IF I NEED TO CONTACT SOMEONE ABOUT YOU

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: _____ Phone: _____

Address: _____ Relationship to you: _____
