



# KYLE WILLIAMS LMSW ACSW

Solution Focused Individual and Family Therapy

## Session Time and Attendance:

Therapy is scheduled at a time of our mutual convenience. The day and time for your next session will be scheduled at the close of each therapy session or may be scheduled by telephone or email. Please understand that the time scheduled for your therapy is held specifically for you. Any requests by other clients for the same hour are declined. You are responsible for keeping this appointment and **you are financially responsible for the session regardless of your attendance.** I will make reasonable efforts to reschedule sessions when notified in a timely manner.

**I (client) understand the Session Time and Attendance sub-section of the Therapy Agreement:**

**Client (or Guardian) \_\_\_\_\_ Date:**

\_\_\_\_\_

## Conclusion of Treatment:

I fully support the termination of treatment when you have come to a place that feels right to do so. You may end your treatment at any time by providing me with one week's notice. Deciding to end treatment is your decision, however as anticipating terminating treatment and actually terminating are generally relevant therapy issues, you understand that you are encouraged to make every effort to discuss this decision with me. Again, I support the termination of treatment at the time of your choosing – I am committed however to doing so in the most healthful fashion and that requires that we talk openly about ending our work together when that time comes.

## Acceptance of this Agreement:

Your signature on the attached Client Profile indicates that you have read the **Therapy Agreement** and agree to abide by its terms during our therapy relationship

\_\_\_\_\_



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## CLIENT PROFILE

\* Please skip information below that is irrelevant – alternate addresses, phones, etc

Date Prepared \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Messages OK? Y / N

Text: \_\_\_\_\_ Messages OK? Y / N

E-mail Address \_\_\_\_\_

(For your privacy, telephone, text and email messaging is for appointment purposes only – not for discussion of therapy related issues)

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

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Your signature below indicates that you have read the information in the **Therapy Agreement** and agree to abide by its terms during our therapy relationship.

Client \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Date \_\_\_\_\_



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## Credit Card Processing Agreement

I, \_\_\_\_\_ hereby authorize Kyle Williams LMSW, ACSW to keep my signature on file and charge my credit card for therapy services. The charge will appear as “KyleWilliams.net.”

I understand that I will be billed the business day upon which my therapy session occurs.

I authorize Kyle Williams LMSW, ACSW to bill my credit card for additional therapy services as specifically agreed upon in advance by both parties.

I understand that I am responsible for fees incurred in the unlikely event of declined credit card charges.

This agreement will be in effect until services have been completed or until Kyle Williams has received written notification of termination in writing.

### My credit card information:

Visa

Mastercard

American Express

Credit Card Number: \_\_\_\_\_

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

Card holder's Signature: \_\_\_\_\_