



2400 Yamato Road • Boca Raton, FL 33431 • (561) 241-9014

Therapy Agreement

I, _____, have applied for counseling and/or testing services at Spanish River Counseling Center, for myself and the following persons(s) for whom I am legally responsible.

- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that, if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities must be notified, in accordance with the following Florida statutes: (FS 39.201; FS 39.202; FS 39.204; FS 490.0147; FS 491.0147).
- I further agree to indemnify and hold harmless Spanish River Counseling Center, its agents, servants or employees from any claim for damages, or any nature arising out of, or allegedly due to, any counseling, instruction or advice rendered by personnel of Spanish River Counseling Center, or out of any activity related thereto. I accept full responsibility for any decision I make regarding my life.
- I understand that audio and/or video taping of a session will be strictly for the purposes of my therapist, and will only be done upon my full knowledge and consent.
- I understand that my therapist may consult with other professionals on staff at Spanish River Counseling Center, but in so doing, however, my confidentiality will never be compromised.

I have read the above information carefully, understand its contents, and agree, under these conditions, to receive services for myself and/or anyone herein designated.

Signatures: _____ Date: _____

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