

Metropolitan Marriage & Family Therapy, PLLC

Succeed at Your Relationship and Your Life!

280 Madison Avenue ~ Suite 208 ~ New York, NY 10016

Phone: 888-880-9055 or 212-537-9055 ~ Email: emma@metrorelationship.com ~ Online: www.metrorelationship.com

Affordable Therapy Program

Addendum to Rights & Responsibilities Contract

KEEP THIS PAGE FOR YOUR RECORDS

I willingly choose and agree to receive services through the *Affordable Therapy Program* as outlined below with the understanding that my assigned therapist is a Provider Intern - a Marriage and Family Therapy Graduate Student who is closely supervised and guided by a credentialed and experienced therapist. Receiving services through this program does not exempt any of my *Rights & Responsibilities* as a client of *Metropolitan MFT, PLLC* (MMFT) as contracted in my *Services Agreement Contract*. Receiving services through this program entitles me to discounted rates.

Starting services through this program, or switching to this program, does not bind me to the program or to the Provider Intern assigned to me. If at any time I decide or agree to be transferred to another Provider and another Provider Intern is not available, I agree to see, or go back to, a Non-Graduate-Intern Provider at the practice's discretion and regular fees. I understand that I can discuss and negotiate these as appropriate before my transfer.

I further understand that at any time should the relationship with my Provider Intern terminate with MMFT, that I agree to be transferred to another Provider Intern should one be available, or to a Non-Graduate-Intern Provider and see them at the practice's regular fees. I understand that I can discuss and negotiate these as appropriate before my transfer.

Should my Provider Intern become employed by MMFT upon graduation from their program, I have the choice to continue to see them at the practice's regular fees. I understand that I can discuss and negotiate these before continuing our work. I also have the choice to be transferred to another Provider Intern should one be available.

As part of working with a Provider Intern I understand that any electronic recordings and information about my case will be discussed and used in their graduate work while maintaining anonymity as much as possible.

Metropolitan Marriage & Family Therapy, PLLC

Succeed at Your Relationship and Your Life!

280 Madison Avenue ~ Suite 208 ~ New York, NY 10016

Phone: 888-880-9055 or 212-537-9055 ~ Email: emma@metrorelationship.com ~ Online: www.metrorelationship.com

Affordable Therapy Program

Addendum to Rights & Responsibilities Contract

Name/Case#: _____

Partner A Name: _____ Partner B Name: _____

I willingly choose and agree to receive services through the *Affordable Therapy Program* as outlined below with the understanding that my assigned therapist is a Provider Intern - a Marriage and Family Therapy Graduate Student who is closely supervised and guided by a credentialed and experienced therapist. Receiving services through this program does not exempt any of my *Rights & Responsibilities* as a client of *Metropolitan MFT, PLLC* (MMFT) as contracted in my *Services Agreement Contract*. Receiving services through this program entitles me to discounted rates.

Starting services through this program, or switching to this program, does not bind me to the program or to the Provider Intern assigned to me. If at any time I decide or agree to be transferred to another Provider and another Provider Intern is not available, I agree to see, or go back to, a Non-Graduate-Intern Provider at the practice's discretion and regular fees. I understand that I can discuss and negotiate these as appropriate before my transfer.

I further understand that at any time should the relationship with my Provider Intern terminate with MMFT, that I agree to be transferred to another Provider Intern should one be available, or to a Non-Graduate-Intern Provider and see them at the practice's regular fees. I understand that I can discuss and negotiate these as appropriate before my transfer.

Should my Provider Intern become employed by MMFT upon graduation from their program, I have the choice to continue to see them at the practice's regular fees. I understand that I can discuss and negotiate these before continuing our work. I also have the choice to be transferred to another Provider Intern should one be available.

As part of working with a Provider Intern I understand that any electronic recordings and information about my case will be discussed and used in their graduate work while maintaining anonymity as much as possible.

~~~~~  
\*If client is under 18 years of age custodian signature(s) are required noting relationship to client and title as necessary

\*Client A Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Client B Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title/ID: \_\_\_\_\_