

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

Rights & Responsibilities

Services Agreement Contract

Please Keep the Top 2 Pages of this Contract for Your Records

Metropolitan Marriage & Family Therapy, PLLC (Metropolitan MFT, MMFT) and its staff are known for their professionalism, quality services, and caring and respectful attitude towards their clients. The practice was designed to provide quality services and develop ties to the community to ensure an excellent working relationship with its clients.

We extend this courtesy to you and delineate our policies and other information for promoting a smooth working relationship. Should you have any questions regarding any of the contents put forth below, please do not hesitate to ask your Therapist for clarification.

Your Assigned Provider / Contact Info: _____

What is Expected of You:

- It is expected that you will arrive on time for your sessions, and that you will give a **forty-eight hours notice** to your service provider in the event that you need to cancel or reschedule an appointment. When your provider does not receive forty-eight hours notice, you will be charged a **regular session for your Late Cancellation**.
- No-show fees** are charged for appointments broken at the **rate of a regular session**.
- Fees are increased** on an annual basis at the beginning of each year, except for clients who joined the practice after the 1st of September of the same year.
- Fees are adjusted** accordingly should you be transferred to a different level therapist or should your therapist's level change. You reserve the right to remain at your level by being transferred to another therapist at the same level should your therapist's level change and you don't want your fee to change.
- Payment is due at the time of service.** We accept cash, checks and credit cards as forms of payment for services and products. When special circumstances arise that make payment difficult, please discuss them with your provider before they become a problem. **You are required to have a Credit Card on file** to expedite payment of open balances.
- If you have a **Balance** which is not paid within a month of the charge, you will be assessed a **\$35 Late Fee** at every billing cycle until the balance is paid off. An additional **\$30 Over the Limit Fee** is charged for balances over \$500.
- A **\$35 Returned Check Fee** will be charged for returned checks. A **\$10 Declined Payment Fee** will be charged for declined credit card transactions. A **%2 Large Charge Fee** will be charged for credit card payments over \$1000. I understand that should my card be declined when running it for my full balance, that MMFT reserves the right to run the card in smaller installments until the full balance is paid.
- We reserve the right to send **Overdue Balances of more than 90 days**, where payment arrangements have not been agreed upon, **to our Contracted Collection Service** for resolution. In most collection situations, the extent of your information released includes your name, the nature of services provided and the amount due.
- If you are a couple**, you are **both responsible for the fees**. Should you break up and have a balance with us, you will each be responsible for half of any remaining fees due.
- Therapeutic sessions generally run 45 minutes in length and you will be charged a **prorated fee** for sessions having to run **overtime and consultations on the phone or via email** that involve therapeutic issues other than obtaining and canceling appointments, unless otherwise specified. Sessions are scheduled on a weekly basis unless it is otherwise contracted or you are in the "closure" process and are being "weaned off."

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- Supervised visitation sessions** are held as scheduled by your provider – refer to provided schedule (if applicable) and are **charged on an hourly rate**. You (or responsible party for the fees as previously agreed) will be charged a **prorated fee for sessions that run overtime**.
- Services last as long as you (and referring party if applicable) and your provider agree they are necessary. We have a “wellness and success” philosophy that is based on the notion that we all need a **“tune up” periodically and that life transitions are more easily handled with support and guidance**. We provide cost-effective, short-term, and results-oriented services while becoming your family and a resource to turn to every time you are in need.
- Honesty, openness, active participation and willingness to change are required** for the services to be effective.
- Completion of Homework Assignments and other tasks** as discussed and decided in session are an important part of treatment and you are required to comply with them for services to be effective. **This also applies for additional referrals** made as deemed necessary (i.e., individual therapy, substance abuse treatment, etc.)

Your Rights:

- You have the right to ask questions about any procedure or intervention used during service provision.
- You have the right to decide NOT to receive services from our practice and may ask for a referral to another qualified professional whose services you might prefer.
- You have the right to end services at any time without any moral, legal, or financial obligations other than those already accrued and agreed upon.
- One of your most important rights involves confidentiality: Within certain limits, information revealed by you during service provision will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. At times, service provision will involve the participation of more than one family member and / or significant persons and your provider does NOT guarantee confidentiality among participants engaged in the service provision.
- You should be aware that there are several situations in which your provider is required by law to reveal information obtained during provision of services to other persons or agencies WITHOUT YOUR PERMISSION. Also, your provider is NOT required to inform you of his / her actions in this regard. These situations are as follow:
 - (a) If you threaten bodily harm or death to another person, your provider is required by law to inform the law enforcement agencies.
 - (b) If you threaten bodily harm or death to yourself, your provider will inform law enforcement agencies and others (such as spouse / partner, emergency contact person, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
 - (c) If a court of law issues a legitimate subpoena, your provider is required by law to provide the information described in the subpoena.
 - (d) If you reveal information relative to child abuse and / or neglect, your provider is required by law to report this to the appropriate authorities.
 - (e) If you are in treatment or being assessed by order of a court of law, the results of the treatment or evaluation ordered must be revealed to the court.
- Limitations of the service provision contract:
 - (a) Providers are not physicians and cannot prescribe medication or give recommendations about physical problems. Nevertheless, depending on the nature of the presenting concerns, providers might require clients to consult with a physician before proceeding with treatment.
 - (b) Providers cannot guarantee that each person’s goals in therapy will be met completely.
 - (c) Seeing to resolve issues between family members and other persons can lead to discomfort, as well as relationship changes that may be originally intended.

Supervision and Professional Involvement:

Metropolitan MFT is concerned with providing the best services possible. To ensure the quality of services, supervision of providers is done through verbal consultations of the sessions with their supervisor. This process may include sharing recordings of sessions. All information is confidential and is only utilized in supervision, research projects or other professional endeavors (while maintaining anonymity as much as possible).

Emergency Policy:

In the event of a clinical emergency, call 911 or proceed to an emergency room for immediate intervention. You may give the attendant your provider’s contact information and also advise your provider of the situation by the next business day. Please note that your emergency contact person may be contacted if their assistance is needed.

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Name/Case#: _____

Partner A Name: _____ Partner B Name: _____

Consents, Agreements and Disclosures:

I. As a client of Metropolitan Marriage & Family Therapy, PLLC, (Metropolitan MFT, MMFT) I understand my rights and responsibilities and consent to be the recipient of its services. I have received a copy of the client's "Rights and Responsibilities." Parent signature is required for children under 18 years of age.

II. As a willing recipient of services at Metropolitan MFT I agree to the use of electronic recording devices and means of communication which may be used for supervision and other professional endeavors.

III. Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number(s): _____

IV. I give consent for Metropolitan MFT to send my referrer a Thank You Letter for their referral. I was referred by (please provide their name, mailing address, email address, phone number and affiliation if any):

Name: _____ Relationship: _____

Phone Number(s): _____

Full Address: _____

V. You have been automatically subscribed to our FREE monthly ezine for couple success. If you do not want to remain subscribed, please advise your therapist or manage your subscription at the bottom of your next issue.

VI. Please note which ones apply to each of you by marking them with a P-past or C-current:

Partner A: substance use; sexual and physical abuse; sexual, money, and health issues; anger, depression, anxiety; obsessions; suicidal thoughts; infidelity; others:

Partner B: substance use; sexual and physical abuse; sexual, money, and health issues; anger, depression, anxiety; obsessions; suicidal thoughts; infidelity; others:

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\*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: \_\_\_\_\_