



AMY DAVIS KING, MA MFT
Licensed Marriage and Family Therapist – LMFT-0469
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CLIENT CONTRACT

I, _____, am requesting the professional services of Amy Davis King for _____. I understand that these services will be provided in a professional and ethical manner. I am fully aware that the results of the treatment process depend upon my cooperation and participation and that there can be no guarantee of treatment results. As treatment proceeds, difficult feelings may arise. I am willing to accept that discomfort is a natural part of the therapeutic process and realize it can provide the basis for needed changes. I understand that the goals and the length and frequency of treatment will be jointly agreed upon after an initial assessment period early in the therapeutic process. I am aware that Amy Davis King's practice does not include forensic psychology, counseling, or evaluation. I understand Amy Davis King will not accept cases in which there are known legal complications or proceedings in process or in the near future unless mutually agreed upon. I understand she does not go to court, or provide written reports in the case of child custody issues.

I understand that confidentiality will be maintained unless there is a clear and imminent danger to others, my child, or myself. I am also aware that Amy Davis King is required to report information regarding suspected abuse of a child, elderly person, or a disabled person. I am aware that confidentiality may be waived in the event of a court order or legal proceedings. Under special circumstances when a health plan is expected to pay for some portion of services, some information regarding treatment may be necessary to share with certain employees of the health plan. In the case of minors, individuals under the age of 18, the parent may have access to treatment information. It is Amy Davis King's policy to request that a parent choose not to exercise this right in order to provide confidentiality between the minor and Amy Davis King in support of a trusting therapeutic rapport.

I agree to provide complete payment at the time of professional service. I understand Amy Davis King will not file insurance claims. Amy Davis King will provide forms with necessary information for the patient to file claims if they so choose. I am aware that the basic fee is \$_____ per 50 minute unit. Longer or shorter periods of time are prorated from this basic fee. Phone consultation will be charged prorated on the basic fee and long distance charges billed. Both Amy Davis King and myself/client will agree upon any change in fee.

I agree to cancel within a minimum of 24-hour notice any appointments that I am unable to attend, or I will be responsible for the entire session fee.

I acknowledge that I have been given access to the "Notice of Policies and Practices to Protect the Privacy of Your Health Information." _____ Initial please.

My signature represents understanding of and agreement with this professional service contract. I have retained a copy for my records.

Client/s or Legal Guardian Signature/s

Date: _____

As parent/s or legal guardian/s, I/We choose not to exercise my/our right/s to treatment information of minor. _____ Initial please.