

WORKING RELATIONSHIP AGREEMENT

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I would like to briefly describe my understanding of the agreement we are entering into as we prepare to work together. I would also like to explain policies regarding payment for services, the use of insurance, cancellation of scheduled appointments and the limits of emergency care.

FEES AND PAYMENT

Payment for services is due at the end of each individual session. Each fifty-minute session is \$175. Each two-hour group session is \$75. These fees may change from time to time and you will be informed in advance of any changes.

This agreement and my relationship are with you, not your insurance company. I do not file insurance. If you would like I will provide you with a monthly statement you can use to submit a claim for insurance reimbursement. I can, by the nature of my training and licensure, provide a diagnosis as needed for medical coverage if you choose. However, I see our work together as being related to your emotional and behavioral well-being rather than medical in nature. I recommend you consult your physician as soon as possible if you experience any physical or health related concerns.

CANCELLATIONS

There is no charge for cancellation of an individual appointment made at least 24 hours in advance. With shorter notice you are agreeing to pay the fee for the time you reserved. Group agreements are handled differently – you pay for your place in the group even if you do not attend every group.

EMERGENCIES AND PHONE CALLS

My voice mail is available 24 hours a day and I retrieve calls when I am available. I am not a crises oriented therapist and I work by scheduled appointment only. I am limited in what I can provide. I travel regularly for training and teaching and will not always be available to assist you in person or by phone. I trust you to find resources for yourself in times of emergency just as you initially found me.

CONFIDENTIALITY

I will maintain confidentiality around anything you discuss with me. I will expect you to do the same around work you do in either individual or group therapy. I am required by my professional licensing board to divulge information as a result of custody, child abuse and criminal action or litigation. I am also required to divulge all information regarding your work with me as requested by your insurance company or managed care provider if you choose to submit claims for coverage.

This written statement is necessary because of mandatory requirements of my licensure as a psychologist. In addition, this agreement is also a way for us to be clear about the nature of our relationship and the kind of work we will be doing together. By signing this agreement you accept the constraints and nature of the working relationship, having read and understood the material above.

Date _____ Signature _____