

**Michael G. Mruz, LCSW, PC
ACSW, MSW
14 Harwood CT, Ste 301
Scarsdale, NY 10583
(914) 722 4151**

Therapeutic Agreement

1. Client is responsible for payment in full after the conclusion of each session unless prior arrangements have been made with Michael Mruz.
2. Psychotherapy sessions are 50 minutes in length. Sessions are held at least once a week. More frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs.
3. **Cancellation Policy:** Session time is reserved for the client and therefore the client is financially responsible for any missed appointments that are not cancelled at least 24 hours in advance (except for emergencies). The fee for a missed appointment or a last minute cancellation will be the agreed upon session fee and payable at the next appointment.
4. Client will be charged an agreed upon fee for written reports to any outside sources (e.g. medical doctors, insurance company etc...) and for any phone communication or in person consultation over 15 minutes. The information given will be carried out with your prior verbal or written consent in accordance to HIPAA Laws.
5. Clients gives permission for the release of pertinent clinical information (e.g. diagnosis and procedures) to insurance companies and manage care companies in order for health insurance claims to be processed. And all in accordance with clients consent and HIPAA Laws.
6. Therapist will not cancel appointments with clients except for extreme emergencies.
7. Therapist will receive written or verbal permission from client for communication or consultations outside of the therapeutic relationship.
8. Your insurance is checked as a courtesy and I will not be held responsible for incorrect information given to me by your insurance company if they do not pay for services.
9. If there is ever a time when my professional input becomes an issue in a legal proceeding (i.e., child custody evaluations, workmen's compensation claims, etc), a judge may subpoena my treatment records, and/or mandate my testimony. In most legal proceedings, however, I may be able to prevent providing the court any information regarding your treatment.
10. There are three conditions in which disclosure of privileged conversations are mandated by law:
 - 1) Any reasonable suspicion of child, dependent, or elder abuse, 2) the client makes a credible threat to the physical well being of others, and 3) the client is likely to take his or her own life. (For further information on the above enumerated conditions see the Administrative Policies and Procedure Section of my Website or see The Informed Consent Form.)

Client's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____