

COMMITMENT TO THERAPY

I, _____,
PRINT NAME

commit to attending therapy weekly. I will not cancel any of my appointments unless it is for an emergency. I understand an emergency is for when I am ill or when a family member has died. Transportation difficulties are **not acceptable** excuses as it is expected that a client will leave on time for all appointments and reliable transportation arrangements will be prepared for, including any alternative arrangements, prior to all appointments.

- I also understand that **emergencies are rare**.
- I also understand for a cancellation for illness to be accepted, a doctor's note will be provided to verify the illness.
- All cancellations must be no less than 24-hours in advanced.
- I understand that my weekly attendance of sessions is required for therapy.
- I am committed to being on time each week for all therapy appointments.
- I also understand if I **miss an appointment** other than for a proven emergency, my **therapy may be terminated with Dr. Schloneger**. However, **2 un-excused missed appointments** within a month or **3 un-excused missed appointments** within 3 months will **automatically terminate treatment**. In addition, the parole/probation officer and/or CPS caseworker will be informed of this termination.
- I will give Dr. Schloneger the name and telephone number of my parole/probation officer and/or CPS caseworker in order for the psychologist to keep the appropriate state agency informed of my treatment attendance and progress.
- I give Dr. Schloneger the permission to give a copy of this signed commitment to my parole/probation officer and/or CPS worker.

SIGNATURES/DATE

NAME
CLIENT

KEVIN SCHLONEGER, PH.D.
CLINICAL PSYCHOLOGIST

PAROLE/PROBATION OFFICER

CPS WORKER