

Client Name (printed please): \_\_\_\_\_  
Clinician: \_\_\_\_\_

### APPSTATE PSYCHOLOGY CLINIC POLICIES AGREEMENT FORM

#### Emergency Contacts

I, \_\_\_\_\_, give the AppState Psychology Clinic permission to contact the people listed below in case of an emergency.

1. Name of Contact: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_
2. Name of Contact: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

#### Weapons / Intoxication Policy

I, \_\_\_\_\_, understand that weapons of any type are *not* permitted in the AppState Psychology Clinic and understand that, if found with a weapon in my possession, I will be asked to leave the clinic immediately. I may be permitted to return once the weapon is secured elsewhere.

Further, for reasons related to safety and session usefulness, I understand that if I am found to be intoxicated or under the influence of a substance that is disruptive to the services during my scheduled appointment, my clinician has the right to refuse treatment for that session. If the session is canceled due to intoxication, there will be no charge the first time, but subsequently there will be a charge of \$25 for each session canceled, consistent with the missed appointments policy. Furthermore, repeated non-compliance with this policy may jeopardize continued services at the AppState Psychology Clinic. By signing below, I acknowledge that I have read and agree with this policy and that I agree that I will secure proper transportation to a safe location if I am refused treatment for this reason. If I cannot do so, I will notify my clinician so that assistance can be given to help me make arrangements.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name & Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

#### Child Supervision

I, \_\_\_\_\_, understand that the AppState Psychology Clinic is not able to provide supervision for children left unaccompanied in the waiting room or in treatment rooms. I attest that I am responsible for my child's behavior and safety while they are at the AppState Psychology Clinic. I also attest that I am responsible for the behavior and safety of any minor who accompanies me to the AppState Psychology Clinic. I understand that for safety reasons, an adult is required to be present on the premises if an individual under the age of 13 years old is being seen for services. The AppState Psychology Clinic reserves the right to require supervision for minors above the age of 13 in special circumstances.

Client Signature (or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_