



Annette BoVee-Akyurek, Ph.D, MFT, LMHC, NCC, PT  
Physical Therapy/ Psychotherapy  
Phone: 954-471-4495 Email: [annetteak@yahoo.com](mailto:annetteak@yahoo.com)  
Web: [www.intouchtherapyforyou.com](http://www.intouchtherapyforyou.com)

## Therapy Agreement

I understand that psychotherapy/hypnotherapy/physical therapy sessions for me, my children, and/or spouse are strictly confidential with the following exceptions:

- My therapist must honor court subpoenas that require the release of specified information.
- My therapist may take professional action to protect those in immediate danger of physical harm to self and/or others.
- My therapist is mandated by Florida law to report suspected child or elder abuse or neglect.
- My therapist may share information with me from my children's therapy sessions if she believes that my children are in imminent danger.

I understand that my therapist is not available 24 hours a day and that in a crisis situation I should call First Call for Help (954) 537-0211, the Henderson Crisis Walk-in Center, the Mobile Crisis Response Team (954-463-0911), 1-800-SUICIDE, or 911.

I understand that payment for services is due at the time of service. Payment can be made with credit card, cash, personal check, or money order. I understand I will be charged \$20.00 for returned checks.

I agree to notify my therapist at least 24 hours in advance should I need to cancel an appointment. If I am unable to do so, I understand that I will be charged \$ 50 for a late cancellation fee, payable at or before my next appointment.

I understand that the fee for service is \$ 210 for an initial 90-minute appointment and \$ 150 for a 60-minute appointment. The same fee (prorated) is charged for between-session telephone consultations lasting longer than 5 minutes.

Name:	
Signature/ Date:	
Name:	Name:
Signature/ Date:	Signature/ Date:
Name:	
Signature/ Date:	