## **Behavioral Therapy Treatment Plan Agreement Form**

## **Client Information**

Client Name	
Date of Birth	7
Address	
Phone Number	
Treatment Plan	
Diagnosis	_
Treatment Goals	
Objectives	
Interventions	
Casaisa Francisco	
Session Frequency	
Estimated Duration of Treatment	

Client Responsibilities	
Therapist Responsibilities	
Confidentiality	
Consent & Agreement	
Client Signature	
Date	
Therapist Name	
Therapist Signature	
Date	