

# TREATMENT AGREEMENT

Location: \_\_\_\_\_ Parties: \_\_\_\_\_

## Patient Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Provider Information:

Full Name / Facility: \_\_\_\_\_

License Number / NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Agreement Terms and Conditions:

1. Description of Treatment: \_\_\_\_\_

2. Purpose and Expected Benefits: \_\_\_\_\_

3. Risks and Potential Side Effects: \_\_\_\_\_

4. Alternatives to Proposed Treatment: \_\_\_\_\_

5. Patient Responsibilities: \_\_\_\_\_

### Clause 1 – Consent to Treatment

The Patient voluntarily consents to undergo the treatment described herein and acknowledges that the Provider has explained the nature, purpose, benefits, and risks associated with the treatment. The Patient understands that no guarantees or promises have been made regarding the outcome.

### Clause 2 – Confidentiality and Privacy

All information exchanged between the Patient and Provider is confidential and will be maintained in accordance with applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). The Provider will not disclose Patient information without prior written consent except as required by law.

### Clause 3 – Payment and Fees

The Patient agrees to pay all fees associated with the treatment as outlined by the Provider. Payments are due as specified and are non-refundable unless otherwise agreed in writing. The Patient is responsible for any costs not covered by insurance.

### Clause 4 – Cancellation and Rescheduling

The Patient agrees to provide at least 24 hours' notice for cancellation or rescheduling of appointments. Failure to do so may result in a cancellation fee as outlined by the Provider's policies.

### Clause 5 – Termination of Agreement

Either Party may terminate this Agreement at any time by providing written notice to the other Party. Upon termination, the Patient remains responsible for payment of services rendered up to the termination date.

**Clause 6 – Liability and Indemnification**

The Provider shall perform services with reasonable care and skill. The Patient agrees to indemnify and hold harmless the Provider from any claims, losses, or damages arising out of the Patient’s failure to follow treatment instructions or provide accurate information.

**Clause 7 – Emergency Situations**

In case of emergency during the treatment, the Provider is authorized to take reasonable and necessary measures to protect the Patient's health and safety. The Patient agrees to notify emergency contacts as appropriate.

**Clause 8 – Governing Law and Jurisdiction**

This Agreement shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_. The Parties consent to the exclusive jurisdiction and venue of the state and federal courts located in \_\_\_\_\_ County, \_\_\_\_\_.

**Clause 9 – Dispute Resolution**

Any disputes arising under this Agreement shall be resolved first through negotiation between the Parties. If unresolved, the Parties agree to mediation before initiating any legal action.

**Clause 10 – Entire Agreement**

This Agreement constitutes the entire understanding between the Parties and supersedes all prior agreements, representations, and understandings, whether written or oral, relating to the subject matter herein.

**Clause 11 – Amendments**

No amendment, modification, or waiver of this Agreement shall be effective unless in writing and signed by both Parties.

**Clause 12 – Severability**

If any provision of this Agreement is found to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

**Clause 13 – Waiver**

Failure to enforce any provision of this Agreement shall not constitute a waiver of future enforcement of that or any other provision.

**Clause 14 – Assignment**

Neither Party may assign or transfer any rights or obligations under this Agreement without the prior written consent of the other Party.

**Clause 15 – Notices**

All notices required or permitted under this Agreement shall be in writing and delivered by hand, certified mail, overnight courier, or email with confirmation of receipt to the addresses set forth above.

**Clause 16 – Force Majeure**

Neither Party shall be liable for any failure to perform due to causes beyond their reasonable control, including natural disasters, acts of government, or other unforeseeable events.

**Clause 17 – Authorization and Acknowledgement**

The Patient acknowledges that they have read and fully understand the terms of this Agreement, have had the opportunity to ask questions, and have received satisfactory answers.

**Clause 18 – Electronic Signatures**

This Agreement may be executed electronically and such signatures shall be deemed originals and binding as if signed in person.

**Clause 19 – Compliance with Law**

The Parties agree to comply with all applicable federal, state, and local laws, regulations, and professional standards in the performance of this Agreement.

**Clause 20 – Signatures; Counterparts**

This Agreement may be executed in counterparts, each of which shall be deemed an original, and all of which together constitute one and the same instrument.

**PATIENT'S SIGNATURE**

**PROVIDER'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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