

Treatment Agreement

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are pleased to have you as a patient at [Practice Name]. This letter serves as a treatment agreement outlining the understanding and responsibilities between you and our healthcare team.

Treatment Goals

- [Goal 1]
- [Goal 2]
- [Goal 3]

Patient Responsibilities

- Attend scheduled appointments.
- Provide accurate health history information.
- Follow the treatment plan as discussed.

Practitioner Responsibilities

- Provide evidence-based treatments.
- Maintain confidentiality of patient information.
- Communicate effectively regarding treatment options.

By signing below, you acknowledge that you have read and understood the terms of this treatment agreement and agree to adhere to the responsibilities outlined.

Patient Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Thank you for entrusting us with your healthcare needs.

Sincerely,
[Practitioner's Name]
[Practice Name]
[Contact Information]