

CONSENT TO TREATMENT AND CLIENT RIGHTS DOCUMENT

The topics discussed in therapy will not be disclosed without permission of the client(s). If you wish to have information shared with another party, you will be asked to sign a Release Form to do so. However, there are three exceptions to this policy as mandated by law:

1. Child or elder abuse is disclosed.
2. Believable threat that client will attempt to harm self.
3. Believable threat that client will attempt harm to others.

In addition, if there is a medical and/or psychiatric emergency, information regarding client will be provided to emergency personnel such as police and/or paramedics.

Payment of co-payments is requested at time of service. The client is responsible for payment of all balances, including any services not covered by a managed care plan. Cash, Credit, Debit Cards and Checks are accepted as payment.

Insurance claims will be filed on behalf of the client. The client is ultimately responsible for costs incurred and agrees to pay those costs. Benefit quotes are an estimate and not a guarantee of benefits. NOTE: If you do not have insurance due to having a high deductible or choosing not to purchase insurance coverage, the cost of each session is \$50.

A twenty four (24) hour notice is required for any cancellations. Clients will be billed for sessions cancelled with a twenty four (24) hour notice. Clients will also be billed for sessions missed without cancellation. If you are self-pay (paying for session with cash and/or credit/debit card), you will be billed \$50 if you do not provide twenty four (24) hour notice. Payment must be made at your next appointment.

NOTE: Therapist will make payment arrangements as necessary with clients. However, if said balance is not paid in a timely fashion—therapist provides several written and verbal reminders first—your account will be placed for collection. Client agrees to also pay any collection cost incurred. I have read the information above and understand this information. By signing below, I acknowledge the terms of the above agreement and agree to pay the cost of all services received.

Signed: _____

Date: _____

Signed: _____

Date: _____