

CONSENT FOR TREATMENT AND FEE AGREEMENT

This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

I. Behavioral Health Services

Therapy calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Therapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, therapy can be very beneficial for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

If you have questions about your treatment, please do not hesitate to bring these questions forward. If at any time you would like to seek out the services of another behavioral healthcare professional, you have every right to do so.

II. Appointments

Your initial assessment/evaluation will last from 1 to 3 sessions. During this time, we can both decide if the services here are right for you to meet your therapy goals. Generally, the therapy hour consists of 50 minute sessions (one appointment hour of 50 minute duration). Once an appointment is scheduled, you will be expected to pay for it if you do not provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.

III. Professional Fees & Billing

We participate with several insurance companies, and many of them include coverage for mental health treatment. It is very important that you determine exactly what mental health services your insurance policy covers. If you have coverage through your insurance policy, you are responsible for any deductible or co-pays at the time of service. A sliding scale is available for those who do not have mental health coverage.

You may request other professional services, such as report writing for court or legal proceedings, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, or preparation of records or treatment summaries. Fees for these professional services will be agreed upon when they are requested. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, there is a charge of \$200 per hour for preparation and attendance of any legal proceeding.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, those costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is her/his name, the nature of the services provided, and the amount due.

IV. Confidentiality

In general, the privacy of all communications between a client and their therapist is protected by law, and we can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order testimony if she/he determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if it requires us to reveal some information about a client's treatment. For example, if there is a reason to believe that a child is being abused, we are required to file a report with the appropriate state agency. If we believe that a client is threatening serious bodily harm to themselves or another person, we are required to take protective actions. These actions may involve notifying the potential victim, contacting the police, or seeking hospitalization for the client.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your involvement in treatment at this agency.

Client signature

Date

Witness

Date