

INFORMED CONSENT AGREEMENT

RECORDS AND CONFIDENTIALITY

All of our communication becomes part of the clinical record and will be released only if you, the client, sign a "Release of Information Form". I will keep confidential anything you say to me, with the following exceptions: (1) you direct me to tell someone else; (2) I determine you are a danger to yourself or others; (3) suspected or confirmed abuse, neglect, and molestation of children and confirmed abuse of the elderly; (4) I am ordered by a court of law to disclose information.

APPOINTMENTS & CANCELLATIONS

My services are available by appointment only. Therapy sessions are usually scheduled for once or twice weekly. Each session lasts approximately 50 minutes and this constitutes a "treatment hour". If, for any reason, you know you cannot keep your scheduled appointment, cancellation at least 24 hours in advance will be necessary to avoid being billed for the hour. I must have 24 hours to be able to offer that hour to another person who may be waiting for a cancellation. An exception to this policy will be made when it is clear that emergency circumstances caused the failed appointment. In the event that you come late for a session, you will be billed for the full "treatment hour".

PHONE CALLS

If you call my office and I am not available please leave a message on my voicemail. I will return your call as soon as possible. After-hours calls should be reserved for emergency or crisis situations. Services provided by phone will be billed at the usual rate.

FINANCIAL ARRANGEMENTS

The fee for psychological services is \$125.00 per treatment hour. Payment for each session is expected at the time services are rendered. Cash or personal checks are acceptable for payment. I am willing to participate in insurance reimbursement programs, however, I consider the client to be fully responsible for the payment of fees. Insurance claim forms will be processed by this office once you have completed the sections designated to be filled out by the insured. When an insurance company participates in the payment of fees for psychological services, a diagnostic term, which classifies your reasons for seeking therapy, must be assigned. I may also be required to release information about your presenting symptoms, treatment goals and

progress during therapy to the insurance carrier to obtain reimbursement. For clients without the benefit of insurance I do accept a percentage of my practice based on a clients income, ability to pay and an appropriate sliding scale for the hourly fee. I would be happy to talk to you about your situation and find a solution that will meet your budget.

By your signature below you are indicating that you have read and understand this statement and/or that any questions you have had about this statement have been answered to your satisfaction;

_____ Date _____

Client Signature

_____ Date _____

Counselor Signature