

Psychotherapy Center for Children, Adults and Families

Welcome To Our Center: We are a multi-disciplinary group of mental health professionals who evaluate and treat children, adolescents and adults. The evaluation may take from one to several sessions. At that time your therapist will both discuss her recommendations and collaborate with you to identify the goals you wish to accomplish. We encourage you to discuss any concerns regarding your treatment with your therapist. A successful outcome is dependent on the collaborative efforts between you and your therapist.

Confidentiality: The information you share in therapy is confidential. We will share information about you with others only if you first sign a Release of Information Form, with the following legal exceptions: if you threaten harm to yourself or others, if we suspect child or elder abuse or neglect, and if issued a subpoena.

You should be aware that if you choose to use your insurance we are often required to submit a detailed report on you (or your child's) diagnosis and treatment. If you would like to review what is being submitted to your insurance company we would be happy to share that with you.

For those of you who would NOT like your insurance company to receive a report you may pay for the treatment directly at a reduced rate at the time services are rendered.

Appointments and Fee Policies: Services are by appointment only. Unlike other doctors, who schedule four to five clients an hour, your therapist sets this time aside for you. If you fail to keep your scheduled appointment or neglect to cancel the appointment with at least 24 hours notice (unless there is an emergency) you will be charged a fee of \$75.00. Your insurance company does not reimburse this fee.

Phone Consultations: Clinical phone consultation will be considered as a therapy session and will be charged accordingly. Please be aware that phone consultations are not covered by your insurance.

Regarding Insurance: Please contact your insurance carrier immediately and review your mental health coverage. If your therapist is not participating with your insurance company you are responsible for payment in full at the time services are rendered. ALL CO-PAYMENTS ARE DUE AT EACH VISIT.

Changes in Your Insurance Coverage: It is your responsibility to inform this office of any changes of insurance coverage during the course of treatment. Failure to do so may result in denial of coverage by your insurance company. Be aware that it is possible that your therapist may not participate with your new insurance.

Reports: When medical reports or letters are requested there will be a charge for the preparation of these reports based on the complexity of the report.

Authorization Received: Authorization for treatment received from your insurance carrier does not guarantee payment for services rendered. Should there be a portion set by your insurance carrier as "due from patient", that balance is your responsibility.

I have read and understand the above consent form and my financial responsibility.

I authorize payment of medical benefits to the treating physician or supplier for services rendered.

I authorize the release of medical or other information necessary to process my insurance claim.

I have seen the privacy practice statement.

PATIENT (or Responsible Party) SIGNATURE: _____ DATE: _____