

CONSENT FOR TREATMENT AND LIMITS OF LIABILITY

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. *The following is a list of exceptions:*

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities. Safety is a #1 priority!

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Only with your written consent, Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

FEE FOR SERVICES

\$200 per 60-75 minute **individual/family therapy session**

\$45/wk - **eight-week psycho-educational workshops**

Dinnerventions: call for estimate

INSURANCE

I do not accept insurance at this time, my fees are private pay only. So you are responsible to pay me directly for services rendered.

However, I will provide you with a "Superbill" Invoice that you can submit directly to your insurance for reimbursement. There is no guarantee that your insurance will reimburse you, but most of my clients have been successfully paid.

Depending on your current health insurance provider or employee benefit plan, it is possible for services to be covered in full or in part. Please contact your provider to verify how your plan compensates you for psychotherapy services.

PAYMENT

I bill on a monthly basis, and will send out your invoice via email at the beginning of each month.

I accept cash, check and credit cards as forms of payment. Credit Card payments are processed through a confidential service called "Ivy Pay". I will send you information about Ivy Pay along with your first invoice.

‘GOOD FAITH ESTIMATE’

Effective 1/1/2022, under a new law, all health care providers (including therapists) need to give clients who don't have insurance or who are not using insurance an estimate of the bill for projected services rendered.

You have the right to receive a “Good Faith Estimate” explaining how much services will cost. Your provider must give you an estimate - in writing - at least 1 day before services are rendered. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

My fees are \$200 per session. It is not possible to know in advance how many sessions you may need. If you attend therapy weekly, your estimated fees for one month (4 sessions) would be \$800.00.

In the event of a financial hardship, please talk to me confidentially to see if payment arrangements/reductions can be made.

CANCELLATION POLICY

Emergencies can happen. If you are unable to attend a session, please make sure you cancel at least 6 hours beforehand and/or contact me as soon as possible. Otherwise, you may be charged for the full rate of the session. “No shows”/”no calls” will be charged for the full missed appointment.

Client Signature _____ *Date.* _____

Guardian _____ *Date* _____