

Informed Consent for Treatment

Therapy is designed to offer insight, awareness, motivation for change, empowerment, alternate perspectives and possibilities for addressing the identified problem, thereby fostering healthy relationship with self and others. The majority of work is done outside of the office and requires active preparation and participation on the part of you/your family. Therapy is very challenging and during the course of treatment, sensitive matters will be discussed. This may initially intensify the emotions, thoughts and/or behaviors experienced but this is normal and typically required for desired change. It is a normal part of the therapeutic process to feel scared, angry and vulnerable as new information is shared and discovered.

Appointments

1. Appointments are scheduled weekly, biweekly or monthly. If you would like to reserve a certain time period for several weeks in advance, please let me know.
2. Please arrive to session on time so that you may have a full session. If you are using insurance and we are unable to bill because you were late, you are obligated to pay the missed appointment fee.
3. If you are not able to keep your appointment, we ask the you cancel 24 hours in advance.
4. The standard therapy “hour” is 50 minutes.

Fees and Payment

We agree to provide therapy services at the usual and customary rate of \$180.00 per session, with the exception of the initial meeting intake fee of \$250.00. The first session takes longer because we make sure that all forms are completed and that all of your questions are answered to your satisfaction.

While I do not offer a sliding fee scale, I offer 2 slots per week at a reduced rate of \$80.00 Please inquire if a slot is still available. If you have insurance, I can provide you with an invoice or "super-bill" to submit to your insurance company for out of network reimbursement. This is done by request only.

Insurance

If using insurance and we are in network with your carrier, we are obligated to our contracted rate and you are obligated to pay your deductible or co-payment at each session.

A 24 hours notice of cancellation is preferred. 2 or more “no-shows” or cancellations within a 6 hour period of your appointment will result in a missed appointment fee of \$100.00.

Cash, credit card or debit cards are acceptable methods of payment and we will provide a receipt for all fees paid upon request.

By signing this form you are indicating that you have received written information about and understand your rights as a client including confidentiality practices in accordance with the rules and regulations of the Health Information Portability and Accountability Act (HIPAA).

Consequently, your signature on this form serves as Consent for Treatment and documents that you have been informed of Scheduling/Cancellation/Payment Policies.

Client #1 Signature Date _____ / _____

Client #2 Signature Date _____ / _____

Clinician Signature Date _____ / _____

James Davidson, OneHeartTLC Counseling NLLC