

This document reflects the clinician's policies regarding fees and other administrative issues related to the provision of professional services to the client.

**CONSULTATION:** The client understands that until a plan of treatment has been developed and agreed upon by both the clinician and the client during the intake process, all services provided are consultative in nature. The clinician will evaluate with the client the nature of the client's concerns during the first few meetings, and will determine whether the clinician can treat the problem as presented, or whether another referral would be more appropriate. As a consultant, the clinician assumes no obligation to provide continuing services to the client. In the event that the clinician recommends services elsewhere, the client will be offered referral assistance.

**FEE RATE:** The charge for each session is based on a charge of \$260 per hour (60 minutes), prorated based on session length, subject to change with two months' notice.

**PAYMENT METHOD:** Client may pay by cash, check, or money order. Payment is required at the time services are rendered. Should the client's account remain unpaid after 30 days, the clinician reserves the right to suspend or discontinue treatment until charges are paid in full. If payment is not made, there will be a brief time period devoted to the termination of the work where the clinician will offer referral assistance to the client. If legal means are required to secure payment, legal costs will be charged to the client.

**INSURANCE:** The clinician does not accept direct insurance assignments and requests payment from the client at the time services are rendered. At the client's request, a statement will be provided to the client which may be submitted to the insurance carrier for reimbursement. The clinician will provide the client with information based on the clinician's experience. The client should be aware that most insurance companies require the client to authorize the clinician to provide a clinical diagnosis, and sometimes additional clinical information. Please note that whatever information is released will become part of the insurance companies' records. The clinician assumes no responsibility for the integrity of this information once released.

**TIME OF APPOINTMENTS:** The clinician is usually able to begin at the scheduled time. If the clinician must begin late, the session will still be the length that was planned. If the client arrives late for an appointment, the session will still end at the time at which it is scheduled to end. The charge for a shortened session will be for the full amount.

**MISSED APPOINTMENTS:** The client agrees that if s/he is unable to keep an appointment, s/he will provide a minimum of 24 hours' prior notice to the clinician by leaving a message on the clinician's answering machine or by speaking to the clinician directly. If an appointment is canceled or missed without 24 hours' notice, the client understands that s/he will be charged for the session. In this event, the statement will reflect a late cancellation and not a clinical session.

**ENDING TREATMENT:** The client may terminate treatment at any time without moral, legal, or financial obligation beyond payment for services already rendered. It is expected that the clinician and the client will discuss the prospect of termination so that both parties will have clarity concerning any details that might need attention

as part of the termination process. If the client cancels or misses a scheduled appointment and does not contact the clinician within 30 days of the missed appointment date, it will be understood that the client has terminated treatment. Should the client make contact with the clinician at a later date requesting additional services, the clinician may choose to see the client on a consultative basis, or may choose to refer the client for services elsewhere. The clinician has no further obligation to the client once treatment has been terminated.

**CONFIDENTIALITY:** All communications between client and clinician are confidential. Information will only be released to a third party under the following conditions: a) The client authorizes the clinician to release information with written permission; b) the client is threatening serious bodily harm to self or to another; c) the clinician learns that a child, an elderly person, or a disabled person has been or is being abused; or, d) a court order in a judicial proceeding.

**TELEPHONE CONSULTATION:** The standard fee will be charged on a prorated basis for telephone consultation with the client. Brief phone contacts with the client of less than ten minutes' duration and calls related to scheduling issues will not be billed. Phone contacts with family or friends will be approved by the client in advance and a release of information will be signed by the client in advance of any such contact.

The client, by signing below, indicates that s/he fully understands and agrees to the policies stated above.

\_\_\_\_\_  
SIGNATURE (CLIENT ONE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE (CLIENT TWO)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF CLINICIAN