Christy Pulsford MSW, LISW-S, LICDC GrowthINsight Counseling LLC
affiliate of Macks Psychology Group
8050 Beckett Center Drive, Suite 314 | West Chester, OH 45069
7799 Joan Drive | West Chester, OH 45069
Phone: (513) 847-3891 Office: (513) 204-5746 Fax: (513) 229-3707
Website: www.christypulsford.com

Consent for Treatment

Thank you for your interest in our services. This document provides important information about our services and policies, so that you and your provider can work together effectively.

Emergencies

In the event of an emergency or crisis, please call 911 or visit the closest emergency room. Please leave us a voicemail message briefly describing the emergency, your present location, and preferred contact phone number. Your provider will make every effort to return your call within one business day (or sooner if possible).

Confidentiality

Patient information is always held confidential in accordance with both legal and ethical standards. This information includes but is not limited to session notes, test results, written reports and financial information. However, there are certain circumstances in which your provider may be required by law to breach patient confidentiality. These circumstances include:

- If your provider believes that a patient/client is a danger to themselves or others
- If your provider believes that an individual is the victim of child/elder/disabled adult abuse or neglect
- Court mandated subpoenas

Additionally, in an effort to coordinate care, providers at Macks Psychology Group may share pertinent clinical and billing information about a patient/client with each other. This information will only be shared between employees and providers employed by or associated/affiliated with Macks Psychology Group.
When working with a minor, the confidentiality of the minor is also important in order to have an effective therapeutic relationship. Your provider will speak with parents to try and ensure that minors experience the same degree of confidentiality as adults. However, parents do have the legal right to examine a minor's treatment records.

If you or your family member was referred to us by another health care provider, we request you sign a release of information to allow us to provide them with a summary of information and/or progress updates in ordinate to coordinate care with them. However, you may revoke the right for your providers to share information but must do so by written request.

Appointments

Please be respectful of others by being mindful of your scheduled time. Understand that we take great care to avoid being late for any client. Consequently, if you arrive more than 15 minutes late for an appointment, we may not be able to see you on that day (although we will make every effort). Accordingly, if you would like to schedule extended sessions please discuss this with your provider. You may cancel an appointment by calling 513-204-5746. An appointment missed without canceling at least 24 hours in advance will incur a $50 charge. If it is the third or subsequent late arrival, no-show or cancellation your case will be reviewed for closure. Services may be terminated for frequent cancellations, missed appointments or inconsistent attendance.

Minor Children

It is our policy to consider an 18-year-old who is still in high school a "minor" and the parent or guardian is responsible for the copay and/or deductible.

Fees - *All fees are due at time of service.* Note some services may be covered by insurance. Please be aware by signing this agreement no CPT codes will be assigned to services you receive and therefore you are forfeiting your right for reimbursement by your insurance company. If you wish to use your insurance benefits please request the consent for treatment that grants your provider permission to bill your insurance company.

Psychotherapy & Counseling Services

Individual:	$125 (55-60 minutes)
Family:	$125 (50 minutes)
Marital/Couples:	$125 (50 minutes)
Coaching:	$100 (45 minutes)
Individual:	$100 (45 minutes)

Other Services

Consultation:	$100 (45 minutes)
Assessments and Updates:	$130 (60 minutes)
Psychiatric Diagnostic Evaluations:	$130 (60 minutes)
Written Reports:	$150
Phone Calls over 7 minutes:	$25 8-20 minutes, $50 21-30 minutes, $75 31-40 minutes, $100 41-50 minutes

Extended sessions Services: If you wish to schedule appointments for times longer than customary (as outlined above) please discuss this with your provider. Extended times can be scheduled based on your provider's availability. Typically, a fee of $25 per 15 minutes is charged for extensions. If you wish to schedule two appointments back to back to ensure you will have ample time you will be responsible for the fee of both sessions even if you do not use the full time.

Legal Proceedings Services: If an event arises in which Christy Pulsford is subpoenaed or becomes involved in legal proceedings that result from her treatment of the identified patient/client, the person agreeing and consenting to this form agrees to pay a rate of $150 per hour of time spent on the case plus travel expenses. This includes but is not limited to: travel time, case preparation, documentation and other legal fees and expenses. Payment of these fees is required prior to Christy Pulsford testifying or appearing in other legal proceedings.

"This information is required by the Counselor, Social Worker, and Marriage and Family Therapist Board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state."

Counselor, Social Worker and Marriage & Family Therapist Board
77South High Street, 24th Floor, Room 2468
Columbus, OH 43215-6171 Tel: (614) 466-0912

Billing & Insurance

You have the right to use insurance benefits to cover services with your provider if you have an insurance carrier that your provider accepts, and your policy provides benefits that cover your provider's services. Insurance benefits may cover all, some, or none of the services offered by your provider. **In signing this consent for treatment, you are stating that you are aware of your insurance benefits and are choosing not to use them and accept responsibility for the full payment of fees and charges for services.** If at any point during treatment you decide to start using insurance benefits you will let your provider know by signing a Consent for Treatment marking that you choose to use insurance benefits and grant permission to your provider to provide all clinical information to your insurance company.

In signing this agreement, you acknowledge that our providers and office staff will not be submitting any claims for services rendered to your insurance company, and that a numeric *CPT code will not be assigned to the appointment. Services without an assigned CPT code are self-pay only and cannot be submitted to an insurance*

company by you or your provider for reimbursement. All fees are due at time of service. Fees will be charged to your credit card on file unless alternative arrangements have been made. There will be a $25 fee for returned checks. A collection agency is used for bills over 60 days past due from the time of the first invoice, or payment may be sought through the local municipal small claims court. The collection agency fees and/or legal fees are charged directly to the patient's delinquent account. In addition, it is important to know that the collection agency may release information related to unpaid balances to third parties including attorneys and national credit reporting agencies. Services can be terminated for non-payment. If services are terminated for nonpayment you may request a list of other local service providers from your clinician.

Telebehavioral Health

Telebehavioral health refers to services or communications provided via electronic means such as phone, video, email, or text. Electronic communications at this practice are usually provided via telephone. However, we will communicate through email when requested and/or when responding to an email from you or a legal guardian. Patient/Client reports may also be sent via email if you request, and information may be faxed or emailed to a referring physician, agency, or any other person or company to whom you request that we send information. Additionally, appointment reminders and billing statements may be sent to you as an email or text message or voice message. Please know that our phone, fax and email are all secure and HIPAA compliant. Nonetheless, security breaches are possible with any system, and you need to be aware that there is always some degree of risk, no matter how minimal, associated with any form of electronic communication. If there is any form of electronic communication that you wish to prohibit, please discuss it with your provider, Christy Pulsford.

Agreement

Your signature below indicates the following:

- You have read the information in this Consent to Treatment and agree to abide by its terms during your professional relationship with your provider.
- You consent for treatment by authorizing Christy Pulsford MSW, LISW to provide psychotherapy and counseling services, diagnostic evaluation and assessment services, and all other listed services to the identified patient/client (i.e. you or your dependent child/adult).
- If you are seeking services for a dependent, you have full legal rights to make healthcare decisions for the dependent listed below.
- You elect to self-pay for services and do not want information regarding diagnosis or clinical care to be released to your health insurance company. You waive any right to reimbursement from your insurance company, and you are aware that all fees are due at time of services. You understand that a CPT code will not be assigned to services.

_____	_____/_____/_____
Name of Patient/Client (please print)	Date of Birth
_____	_____/_____/_____
Signature of Patient/Client	Date Signed
_____	_____/_____/_____
Signature of Parent or Legal Guardian	Date Signed
_____	_____/_____/_____
Signature of Clinician	Date Signed