



**ERP Treatment**

With Hope & Resolution

## CREDIT/DEBIT/HSA AUTHORIZATION

I authorize ERP Treatment PC to keep my card information on file and to use it automatically to keep my balance current. This includes paying for sessions, groups, and missed appointments fees. A receipt/notification will not be provided unless requested.

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Patient Name

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Name on Card (If different)

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Card Number

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Expiration

Zip Code

CW Code (3-dlgt or digit for Amex)

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Signature of Authorized User

COF Agreement Signing Date

This is the easiest and most efficient way to maintain your balance. In order to continue treatment at the office. Treatment will be suspended if your balance is over \$200, and an approved payment plan is not in place. You can also pay by credit card over the phone, or on our website at [www.erptreatment.com](http://www.erptreatment.com).



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## **PRACTICE AND FINANCIAL AGREEMENT**

**The following pages provide Important information about our practice. Please review and then remove the last two pages from the packet and keep for your future reference.**

By Initialing below, you acknowledge that you:

\_\_\_\_\_ Have been made aware of your rights and responsibilities as a client.

\_\_\_\_\_ Have been Informed of practice specific information and given an orientation to services.

\_\_\_\_\_ Are aware of ERP Treatment PC privacy practices and know you can ask for a detailed description.

\_\_\_\_\_ Understand confidentiality and the limits of it as it pertains to adults and minors.

\_\_\_\_\_ Have reviewed and understand the ERP Treatment PC financial agreement.

\_\_\_\_\_ Give permission to bill you for any out of pocket costs at the time of the appointment.

**My signature below Indicates my understanding of the above policies and I consent to treatment at ERP Treatment PC. I understand I can ask for further information and retain the ability to terminate my consent at any time.**

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date



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### **PRACTICE ORIENTATION AND AGREEMENT**

#### **Your Rights and Responsibilities as a Client:**

- You have the right to receive services from clinicians who adhere to the professional code of ethics of their respective discipline
- You have the right to receive services In accordance with Federal and State regulations and accreditation standards governing behavioral health programs.
- You have the right to privacy and confidentiality regarding the services you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws, including the HIPAA Privacy Act. Information may be disclosed for various reasons including: to provide treatment, for payment purposes, health care operations, appointments, as required by law, public health, descendants, health and safety, and workman's compensation. (Detailed description provided upon request)
- You have the responsibility to provide informed consent to services offered to you.
- You have the responsibility to follow our Financial Agreement. (Detailed on the following page)

#### **Services Offered:**

ERP Treatment PC offers an array of mental health and substance abuse services. These services include: individual psychotherapy, ERP treatment and training, family therapy, group therapy, and marital therapy. Appointments will all be online. Your clinician will provide you with a detailed description of the nature of services, expected benefits, and potential risks.

#### **Operations:**

Appointments may be individually arranged from 8:00 am and 10:00 pm, 7 days a week. Not all clinicians are available during all hours. **In case of an emergency, call 911 for help, call the 988 suicide hotline, or you may visit your local emergency room. You can also contact the nearest crisis center.**

#### **Minors and Parents:**

If you are under 18 years of age (and are not emancipated), or a parent, you should be aware that the law may allow parents to examine their child's treatment records. You should also be aware that clients over age 14 can consent to (and control access to information about) their own mental health treatment (although that treatment cannot extend beyond 12 sessions or 4 months). ERP Treatment PC's policy is to request (but not require) an agreement from any client between ages 14 and 18 and their parents ("Adolescent Informed Consent" form), allowing clinicians to share general information with parents about attendance at scheduled sessions and progress in treatment.



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### FINANCIAL AGREEMENT

Standard fees for services are available upon request. By signing the Practice and Financial Agreement Form (the first page of this packet), you indicate that you understand that these are the charges established for services by ERP Treatment PC and these charges will be submitted to your insurance company. You also agree that you understand that your insurance company will not be billed for your services, and you will have to pay direct out of pocket fees set by ERP Treatment PC.

The billing staff will charge you according to the service you complete that day.

Please keep in mind all payments are due at the time of service. **Balances must be kept below \$200 to continue treatment.** For any requested letters, form completions, and phone consultations which require your therapist to spend additional time outside of your appointment you may be charged up to \$150 an hour. You may pay over the phone with a credit card or on our website.

In order to continue services, please make sure your account is below our office policy standard of \$200 or you have an active payment plan set up. ERP Treatment PC does not mail statements out.

A credit card must be kept on file for online appointments and phone appointments. You must fill out a Credit/Debit/HSA/Authorization Form so that the payment may be made at the time of service. It is your responsibility to inform the staff member or clinician to charge your card on each visit.

Keep in mind that all appointments need to be cancelled with a 24-hour business day notice to not be subjected to a missed appointment fee, which can be up to \$150. Please contact your individual provider for more information about missed appointment fees as each have their own rates and decide if cancellation fees are charged or waived. Payment of missed or late cancelled appointments are to be paid before your next service with ERP Treatment PC or treatment may be suspended.

*Please remove these last 2 pages and keep for future reference.*