



Deep Roots Family Therapy, LLC

Consent for Treatment – Financial Agreement – Confidentiality Policy

Deep Roots Family Therapy, LLC, is a Christian-based counseling practice in Toledo, Ohio, led by Cynthia Wagenhauser, MSW, LISW. We specialize in providing compassionate, faith-centered support to individuals and families facing challenges such as narcissistic abuse, anxiety, depression, codependency, destructive marriage and divorce.

At Deep Roots Family Therapy, we believe in the transformative power of faith and professional therapy to foster healing and growth. Our approach integrates Christian principles with evidence-based therapeutic techniques to help you find hope, resilience, and renewed strength in your journey.

I understand that I must be committed to attend sessions on a consistent basis in order to receive the greatest benefit from therapy. I may stop therapy at any time. If my therapist believes that I can receive more effective treatment elsewhere, I will be given referrals. I understand that **I may not attend a session if I am under the influence of alcohol or illegal drugs, or if I am in possession of a dangerous weapon.**

My signature below indicates my desire and consent to receive mental health services from DEEP ROOTS FAMILY THERAPY, LLC., Cynthia Wagenhauser, MSW, LISW. **If I experience an emergency at any time over the course of treatment, I agree to seek help immediately through the nearest emergency room and/or contacting 911.**

Signature of Client/Guardian:_____ **Date:** _____

Appointment Scheduling and Cancellation Policy:

In order to schedule and hold an appointment,

I, _____ give my permission to the practice to bill my credit card \$75 in the event I cancel the appointment with less than 24 hours notice or if I “NO SHOW” or do not show up within 15 minutes of my scheduled appointment time. Cancellations that occur 24 hours ahead of scheduled appointments will not incur a fee.

My appointment time is reserved for me at the exclusion of others who may be waiting to see the therapist. Since the practice is fee for service, my late cancellation or failure to

Cynthia Connor Wagenhauser, MSW, LISW

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419-324-5518



show up for an appointment results in a loss of income for the therapist. The practice will charge the fee to my credit card on file. If I cancel appointments on a consistent basis or miss appointments twice in a row, the practice reserves the right to terminate my case.

Credit Card Type: _____ **Card #:** _____
Name on Card: _____ **Expiration Date:** _____
Security Code: _____ **Zip Code:** _____

Appointments canceled for emergencies will be taken into consideration using the honor system: *bad weather, illness, family emergency, etc. For the fee to be waived, please text your emergency cancellation ASAP and include the reason.*

Service Fees

Psychological Assessment: \$210

Individual Therapy: \$145

Couples' Therapy: \$165

Couples' Therapy Intensive: 2.5 hour session: \$400 (Private Pay ONLY)

Family Therapy: \$185

Family Therapy Intensive: 2.5 hour session: \$450 (Private Pay ONLY)

Group Therapy: 1.5 hour session: \$75 (Private Pay ONLY)

Additional Services & Fees

Speaking Engagements: \$550

Family Business Consultation: \$1,000

Wellness Retreats: \$150 per Person

Sessions are 53 minutes in length unless agreed upon prior with the therapist. 90 minute sessions are available upon request for an additional \$75 added to the service scheduled for Private Pay ONLY.

If your therapist is contracted with your insurance company, a discount will be applied by your insurance company based on the contracted rates.

If an emergency phone consultation is initiated by the client, or the therapist needs to consult with anyone on my behalf (attorney, teacher, guidance counselor, probation officer, guardian, etc.) the fee charged is \$2 per minute.

Cynthia does not appear in court for situations of custody or divorce.

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All letters and records requests are subject to a \$50 fee payable prior to the letter/records being written and sent.

I understand that it is policy that the fee for any session is payable at the time of session. Cash, checks, Zelle, Venmo & credit cards are accepted for payment.

I understand that I am responsible for obtaining my mental health benefit information such as deductible and co-payment amounts, or authorization for treatment. Cynthia will either file the claim on my behalf or will provide me with the necessary information so that I can file the claim. I understand that I am ultimately responsible for any therapy fee(s) not covered by my insurance carrier. Co-payments and non-covered services are payable at time of service unless other arrangements have been made. In the event that insurance is billed on my (the client's) behalf, **I authorize payment of mental health benefits to Cynthia Wagenhauser, MSW, LISW.**

Returned Check Policy: In the event of insufficient funds/returned checks, I understand that I am responsible for the bank fees that incur due to my returned check as well as the amount of the original check.

I understand that I, _____ am fully responsible for the payment of all fees for services provided regardless of any insurance coverage I may have.

Limits of Confidentiality: Contents of therapy sessions are confidential. Both verbal and written records cannot be shared without my (client's/legal guardian's) written consent. Noted exceptions: as a Social Worker in the State of Ohio, Cynthia Wagenhauser, MSW, LISW is a mandated reporter in the event of threats of violence to self or others, abuse of children and vulnerable adults, prenatal exposure to controlled substances, and insurance providers for billing purposes.

I have read, understood, and agree to adhere to Deep Roots Family Therapy, LLC, and Cynthia Wagenhauser, MSW, LISW's Treatment Policy, Cancellation & Missed Appointment Policy & Insurance Reimbursement Policy, and Confidentiality Policies. I understand that if I do not adhere to the policies herein, that I may be denied services and may be discharged from the practice.

Client/Guardian Signature: _____ Date: _____

***** Please keep a copy of policies for your records. *****

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