



LIGHTHOUSE COUNSELING SERVICES, PLLC

CONSENT TO TREAT

There is no guarantee that therapy will work for you. Counseling success is based on one's willingness to make changes in their lives. As clients meet with me on a consistent basis and apply the tools they learn in therapy into their daily lives, they may see an improvement in their lives. This may be very uncomfortable for some, but we can work on overcoming this feeling of uneasiness, when expressed.

FEES: (when paying out of pocket and not utilizing insurance)

INTAKE SESSIONS	\$180.00
30 MINUTE SESSIONS	\$80.00
60 MINUTE SESSIONS	\$120.00
60 MINUTE (Family/Couples) SESSIONS	\$160.00

PAYMENT OPTIONS:

INSURANCES: A few insurances are accepted at Lighthouse Counseling Services, PLLC. It is your responsibility to know your insurance payment requirements (i.e. deductibles and co-pays). Co-pays are due at the time of service.

If the provider you are seeing at Lighthouse Counseling Services, PLLC is not on the providers panel for your insurance, submitting to the insurance for out of network services is an option.

NO SHOW/CANCELLATION POLICY: Please notify me **24 hours in advance** if you will need to cancel/reschedule your appointment. If you fail to come to your appointment, or cancel 24 hours in advance, you will be **charged half of the session fee. Should this expense be charged to you, you are responsible to pay out of pocket as insurances and/or other third parties will not be billed.**

If you have a re-occurring schedule set with Lighthouse Counseling Services, LLC and cancel, or no-show to appointments, twice in a row, future appointments will be cancelled until you reschedule.

IN CASE OF AN EMERGENCY:

- If it is life-threatening call 9-1-1
- Feel free to call or text me if it is a non-life-threatening situation (charges may apply)



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CONFIDENTIALITY:

Information discussed in therapy is very personal. Therefore, any information will not be disclosed without your permission, unless legal requirements are involved (see paragraph "Legal Requirements). If you wish to have confidential information share with another party a release of information form can be provided.

E-mail and text are a great way to communicate quickly. However, it is not a reliable, or safe, means of communication due to confidentiality. Please inform me if you prefer not to receive e-mails or texts.

LEGAL REQUIREMENTS: By law I am to report, to local authorities, when the following is disclosed to me:

- Abuse or neglect of a vulnerable adult or child
- Plans to harm another individual

CUSTODY: Therapy should be considered a place where a child can feel safe and not worry about their thoughts and feelings being exposed in any way. Therefore, Lighthouse Counseling Services, LLC and affiliates do not get involved in custody proceedings (i.e. writing court reports, testifying in court, doing any sort of custody evaluation, etc.). When a divorce situation is present, we remain neutral between the parents and do not get involved.

HIPPA: A copy of HIPPA that Lighthouse Counseling Services has adopted, is available on the company website as well as provided in the waiting room of the business. I have been offered a copy and understand my client rights.

I confirm that I have read this consent to treat form and agree to the terms listed above. If I have had any questions, I was able to ask and get clarification.

Client's signature (or parent/guardian if client is a minor):

Date: _____

Client's signature (or parent/guardian if client is a minor):

Date: _____