

## CONSENT TO TREATMENT

I understand and consent to treatment that may include and/or group therapy in compliance with the laws protecting confidentiality.

### AGREEMENT TO PAY

- I understand that fee charges are to be paid at the time of appointment, unless other arrangements have been made with the therapist. \_\_\_\_\_ (initial)
- I also understand that I am fully responsible for paying any charges incurred should my insurance company not cover services. I will inform the therapist of any changes in my insurance benefits. \_\_\_\_\_ (initial)
- It is further understood that this policy requires that all cancellations be made at least 24-hours prior to scheduled appointments. Insurance companies do not cover the fee for no show/late cancellation, and payment will be the responsibility of the client.  
\_\_\_\_\_ (initial)
- I authorize that my credit card can be processed for charges related to these services (copays, deductible, full session payments, no show/late cancel charges). \_\_\_\_\_ (initial)
- Should I default in all or part of my responsibility to pay, I understand that my name, address, telephone number, date of services and balance owed will be disclosed to a collection agency. I authorize the release of this information for the purpose of collection until payment is received. \_\_\_\_\_ (initial)
- I understand there may be late fees associated with my balance if payment is not made on time and I am fully responsible for all charges and fees associated with this form of treatment. \_\_\_\_\_ (initial)

### RELEASE OF INFORMATION FOR INSURANCE REIMBURSEMENT

I authorize the release to my insurance company, my diagnosis, dates of service, date of onset, progress and therapist name for billings rendered relative to my outpatient treatment.

I have read this agreement. I have had the opportunity to ask questions, which have been answered to my satisfaction. I understand and agree to the conditions specified herein, and a signed copy of this agreement is available upon my request.

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

\_\_\_\_\_  
**Signature of client or guardian**

\_\_\_\_\_  
**Date**