

## **Consent to Treatment/ Fee Agreement**

I \_\_\_\_\_, request the professional counseling services of \_\_\_\_\_ . In requesting these services, I understand that she operates her practice separate and apart from other mental health professionals sharing office space with her; the other mental health professionals have no responsibility or liability for my treatment unless I request their services and sign a client agreement with them.

Psychotherapy has both benefits and risks; you may get worse before you get better. However, the profit can outweigh the costs and psychotherapy has been proven to have significant benefits both physically and mentally. Moreover, you are encouraged to ask questions and offer ideas throughout your treatment.

### **Emergencies**

I am available by appointment only and I will make every effort to return your call as soon as possible (with the exception of weekends and holidays). If you are receiving care when I am out of town, I will give you the name of a colleague, to contact, if needed. In the case of an emergency and/or I am not available, please call 911, or contact Avera Behavioral or Sanford Hospital. An answering service picks up my calls on the weekends, but they do not take messages; they are available for emergencies only.

### **Confidentiality**

In general, the law protects the confidentiality between a client and the therapist. However, the following exceptions include:

- 1) You authorize the release of information with a signature.*
- 2) The therapist is ordered by the court to release information.*
- 3) The client presents a physical danger to self or others or has intent to commit a crime.*
- 4) There is evidence or reasonable suspicion of child/elder abuse and/or neglect.*

### **Financial Agreement**

Payment is due at the time of service which may include your full fee or co-pay associated with your insurance company. This office will provide necessary information to your insurance company so payment can be collected, but you are ultimately responsible for payment.

Counseling sessions are 45-50 minutes long. While a time will be reserved for you, a 24-hour notice is required for cancellation or you may be charged the regular session fee. While your insurance company often dictates allowances, the breakdown includes:

Your fee per session is \$\_\_\_\_\_

Your insurance company will pay \$\_\_\_\_\_ per session

You have a deductible of \$\_\_\_\_\_ which has/has not been met.

Your payment or co-payment will be \$\_\_\_\_\_ per session.

*If you are unsure of your insurance coverage, you can learn more referring to your policy booklet or by calling the 800-number listed on your insurance card.*

In regards to your rights, you as the consumer have the right to fair and professional treatment; all HIPAA requirements apply to this office which you can request at any time.

I have been given the opportunity to ask questions which have been answered to my satisfaction. I have read the above and have had the opportunity to discuss this information and my questions \_\_\_\_\_. I also confirm that the information I have provided you for my treatment is correct.

I completely understand my rights as a client, I understand my consent to treatment and I agree to pay the per hour rate contained in this agreement and I accept my responsibilities as stated above.

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Client Signature

Date

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Completed and Witnessed by

Date

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Parent/Legal Guardian

Date