

Counseling Fees and Office Procedures (cont.)

Please Initial when you have read and understood:

X _____ Your session time is reserved for you alone, so there will be a **\$35.00** charge for no-shows or cancellations with less than 24 hours notice. Please call as soon as you realize you won't be able to attend, because if we can fill your time slot, we won't charge you. Our No-Show policy stipulates that following two unpaid no-show/late cancellations, your case will be closed. You can cancel your appointments on-line via our website **Cstonecounseling.org** or call-in during business hours. Because there is often a waiting list of people wanting to get in, please make every effort to honor your appointment time or call us to let us know you can't.

X _____ **Sessions typically last 45-50 minutes.** Our regular counseling fee is \$150 per session, but some insurance companies, churches, or sliding scale arrangements may reduce your out-of-pocket expense. Extended sessions, phone contact over 5 minutes, professional consultations, letter writing, or travel will be billed and prorated at the full hourly rate of \$150. All payment of fees are due at the time of service. Please let us know before the session starts if there might be a problem with this. The client is 100% responsible for all treatment charges billed to the client's account. If a third party fails to remit payment, the client is still responsible for the unpaid balance. Please inform us of any other psychiatrist, psychologist, social workers, or therapist you have or are currently seeing.

X _____ If you are bringing your child (17 or younger) to counseling and there are divorce or joint custody arrangements, Texas law stipulates you must provide a copy of the divorce decree for our records before we meet with the child. **Both parents will also need to read and sign our addendum for any minors 16 and younger that will be attending.**

X _____ Court appearances and consultations with attorneys have a special rate. I charge a flat fee of \$2500 per day for court testimony due to my heavy case load, and because court appearances rarely run like clockwork, and because I will need to study and prepare before going to court. There will be an additional charge for any extra documents, phone calls with attorneys, caseworkers, etc. Your health insurance will not pay for this. Please consult with me if you have any reason to think you might need me to testify in court, as there are cheaper alternatives.

X _____ Your records and all our communications become part of the clinical record and therefore are property of Daniel Hartt. They will be properly disposed of, 5 years after your last session. Should something happen to incapacitate me, they will become the property of a licensed professional counselor at Cornerstone Counseling Center.

X _____ Finally, it is my greatest desire to help improve your situation. If you have an emergency and cannot reach me then call 911 and/or Crisis Intervention or go to your nearest hospital and get help. Do know that you can leave a message during non-business hours and it will eventually forward to my phone. But, please leave all insurance, payment concerns, or re-scheduling issues with my secretaries.

X _____ By signing below, you are acknowledging you have read, understood, and consent to Daniel Hartt's Professional Disclosure Statement and Notice of Privacy Practices for yourself and any family member you wish to involve. This consent allows for Daniel Hartt and/or his designated staff to provide information to third party payers (insurance) about your diagnosis, treatment plan, or any other information your insurance company or EAP has the right to request (see your individual policy for details). Your signature also indicates you understand your HIPAA rights.

X _____
Signature of Primary Client(s) or Guardians

Date

Additional participants (17+) attending the session need to sign below: