

In order to process claims, insurance companies must have such information as diagnosis, dates of service, fees charged and in some cases, I am required to provide additional clinical information such as treatment plans or summaries, or sometimes (rarely) copies of client's case file. In such situations, I will make every effort to release only minimum information necessary for the purpose requested. This information will become a part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information very confidential, I have no control over what they do once it is in their hands. By signing this agreement, you agree that I can provide requested information to your insurance carrier. Should I become incapacitated or in the event of my death, the custody and control of a client's mental health records will be kept at Cornerstone Counseling Center until the client requests the transfer of their records to another therapist.

\_\_\_\_\_ Initial here if you understand and agree

### **What Are Your Rights Under the Privacy Standards?**

The client has the right to: Request an explanation of the rationale of any treatment or intervention and/or to refuse any treatment; to know the therapist's views and values regarding relevant life issues and/or general treatment paradigm; to end therapy or seek referral at any time during therapy; to know the therapist's credentials and experience level; to request significant others to be present in the therapy session; to rescind authorization to release confidential therapy information; to know the length of sessions and/or general treatment protocol for a particular problem; to be informed of fees involved for therapy. HIPAA federal privacy rights include: confidential communication; to request restriction on use and disclosure of confidential treatment information as well as the right to request alternative means and/or location for receipt of confidential communication; to review or obtain a copy of mental health records via letter request; to amend or correct mental health information via letter request, using HIPAA procedure; to be informed of how and to whom treatment information is being disclosed; to obtain a copy of this notice of general privacy policy; and/or to ask questions and/or express feedback/complaints regarding psychotherapy privacy information practices. Therapy services will not be compromised whatsoever when a client expresses concerns or gives feedback regarding privacy practices. Privacy policies may be amended or modified as federal law mandates and I will provide you with any notice of such at the time of your appointment. A current copy of privacy practices will be made available in the office.

\_\_\_\_\_ Initial here if you understand and agree

### **What are the Fees and Office Procedures?**

**Please initial that you have understood and agree to items below:**

\_\_\_\_\_ Sessions last 45-50 minutes and the fee is \$120.00 per session. However, special negotiated rates with insurance companies or with a sliding scale may reduce your actual out-of-pocket fee.

\_\_\_\_\_ Because your session time is intended to be reserved for you alone, there will be a \$35.00 charge for no shows or cancellations with less than a 24-hour notice. Please call our office as soon as you know that you will not be able to attend your session. Our office provides a 24-hour answering service to take messages at 817-595-2520.

\_\_\_\_\_ Longer sessions, phone contact, consultation, FMLA forms, letter writing and/or court preparation, consultation, or travel will be billed accordingly to hourly rates. Court testimony will be billed at \$250.00 per hour or a flat daily rate of \$1200.00, which must be prepaid prior to court date. Payment of fees and co-pays are due at time of service. The client is 100% responsible for all treatment charges billed to the client's account. If a third party fails to remit payment as billed, the client is responsible for the balance of charges.

### **What Should You Do in an Emergency?**

\_\_\_\_\_ If you have a life threatening emergency call 911 and/or Crisis Intervention and/or go to the nearest hospital immediately and get assistance from the psychiatrist on duty. Your immediate safety is my greatest concern.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures of other family or friends who will be in the sessions

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