

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 the 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 records to another therapist.

### Your Rights Under 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 be present in therapy session; to rescind authorization to release confidential therapy information; to know the length of session and/or general treatment protocol for a particular problem; to be informed of fees involved for therapy. HIPAA 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*

### Fees and Office Procedures

*Please initial that you have understood and agree:*

\_\_\_\_\_ Sessions last 45 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.

\_\_\_\_\_ Longer session, phone contact, consultation, FMLA forms, letter writing, and or court preparation, consultation, or travel will be billed according to hourly rates. Court testimony will be billed at a flat daily rate of \$1200.00, as it requires that I block off an entire day to other clients. Payment of fees and co-pays are due at the time of service and the client is responsible for all treatment charges billed, whether or not insurance remits expected percentages.

\_\_\_\_\_ If you have a life threatening emergency, call 911 and or crisis intervention or go to the nearest hospital immediately and obtain emergency psychiatric treatment. Your immediate safety is my greatest concern. Voicemails left on the counseling center line will be responded to the next business day.

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

\_\_\_\_\_  
Date