

Center for Psychology

CONDITIONS AND CONSENT FOR SERVICES

Name: _____ DOB: _____ ID# _____

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment, or given my consent for the minor or person under my legal guardianship mentioned above, at Center for Psychology, hereby referred to as the Center.

Confidentiality

I am aware that information about my treatment is considered confidential and will be used in a manner consistent with proper professional conduct and will only be released to outside sources under applicable state and federal statutes and as detailed in the Center's Notice of Privacy Policies statement. Releases of information may occur without my written consent only in cases of medical emergency; if I (or a person under my legal guardianship) present a threat of harm to myself or others; when child/adult abuse is suspected; or by audit or court order. Information may also be disclosed in consultations with other professionals in order to provide the best possible treatment.

Fees for Services

The Center charges the following rates:

- \$ 200 for the initial/intake session.
- \$ 150 per individual therapy session (defined as 45-50 minutes)
- \$ 175 per family therapy session (45-50 minutes)
- \$ 175 per couple therapy session (45-50 minutes); \$350 per 90-100 minutes session
- \$ 200 per hour of psychological testing (includes scoring tests, report-writing, and feedback)

I understand the fees for services and that payment is required at the time of service unless a third party payer or insurance company will be billed. I authorize payment directly to Center for Psychology for insurance benefits to which my provider is entitled under my insurance plan. Payment methods include check, cash, Visa, or MasterCard.

I understand that a specific amount of time is reserved for all appointments and that missed appointments or cancellations less than 24 hours prior to the appointment are charged at the full rate. Because insurance companies do not pay these fees, I will be responsible for paying the fee prior to the next session. Emergencies will be considered.

Initial _____

I understand that a fee of \$25 will be charged for a returned check and that the full payment due must be paid prior to the next session. I understand that if I fail to pay for services received, all billing information, including name, address, place of employment, dates of service, etc. will be used in the process of collection. I further agree to pay all collection costs and reasonable attorney fees.

Consent for Treatment and/or Evaluation and Notice of Privacy Practices

I/We, the undersigned, have reviewed and understand all the preceding statements, will adhere to these policies, and hereby consent to treatment and/or evaluation with the Center. I certify that I have received or been offered the Notice of Privacy Practices and am responsible for reading the contents.

Initial _____

I may get more information or clarification if I do not fully understand its contents. I have also been offered or given a copy of this Consent for Treatment form.

Client Signature

Date

Parent/Legal Guardian Signature

Date

Witness

Date

Therapist

Date

LEGAL GUARDIAN STATEMENT

I attest that I am the current legal custodian of the above mentioned child under an issued decree or order of a court of competent jurisdiction of my child, and as such, I am fully authorized to consent for evaluation and/or treatment with such means that are deemed appropriate for my child.

I understand the other parent may request/review this child's record, unless the non-custodial parent has been legally denied visitation rights or I pursue a court order to stop such review/request. I further understand that it is my responsibility to provide the Center any documentation indicating that the non-custodial parent is not entitled to review this child's records.

I hereby release and agree to indemnify and hold Center for Psychology from any and all liability regarding any claim to the contrary.

Parent/Legal Guardian Signature

Date

Witness

Date