



Client Consent for Psychotherapy

Welcome to Tobin Counseling Group (TCG). This document contains important information about our professional services and policies. If you have questions, please ask your therapist.

Psychotherapy Sessions

Each therapy session is 55-60 minutes. In some cases, we offer 45-minute sessions, however, to promote the best treatment outcomes, a 45-minute session is discouraged when you first start treatment. If you are interested in 45-minute sessions, please discuss with your therapist.

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Cancelled and Missed Appointments

There is a \$75 fee if you cancel your therapy session within 24 hours or if you miss your session. Insurance does not pay for sessions that were cancelled/not attended. Your cancellation fee is waived if you are seen in the same day. There is no guarantee that your therapist will be able to reschedule with you for the same day. There is no cancellation fee if you miss your session due to an emergency. An emergency is defined as illness, car accident, a life-threatening injury or in some cases, extreme weather. Your credit card on file will be charged for a cancelled/missed appointment.

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Fees

Our rate depends on the type of service. For individual counseling, an initial session is \$180, each subsequent 55-60 minute session is \$180 and each subsequent 45-minute session is \$150. For couples/family counseling, the initial session is \$200 and each subsequent 55-60 minute session is \$200 and each subsequent 45-minute session is \$175. All fees are due at the time of session. If you are using health insurance, you will be responsible for your co-pay, co-insurance or deductible payment. If payment is not received by your insurance company within 90 days, then you may be responsible for this payment. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, TCG has the option of using legal means to secure the payment. This may involve a collection agency or small claims court.

In addition to weekly appointments, we charge this same hourly rate for other professional services you may need, though we will prorate the hourly cost if we work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, preparation of treatment summaries and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for any professional time we spend on your legal matter, even if the request comes from another party. We charge \$200 per hour for professional services we are asked or required to perform in relation to a legal matter. If your therapist is asked or required to appear in court, then you will be required to pay a minimum of 8 hours at \$200 per hour; for more than 8 hours, you will be billed \$200 per hour.

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Insurance Reimbursement

If you have a health insurance policy, it may provide mental health treatment coverage. You (not your insurance company) are responsible for payment of fees. TCG has a medical biller on staff to determine your benefits and

eligibility, however, your benefits may change without us knowing. It is important that you know your mental health insurance benefits. We will not know your benefits during the Initial Appointment. You are expected to pay the Initial Appointment fee when you come in for your following appointment. If you do not attend the second appointment, your credit card on file will be charged for the Initial Appointment. If you do not have mental health insurance coverage at the time of the Initial Appointment or if TCG is out of network with your insurance company, you are responsible for the session fee (see 'Fees' section).

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Contacting Us

We are often not immediately available by telephone. Each therapist keeps their own schedule along with their own availability. When we are unavailable, we do have voice mail. We will make every effort to return your call on the same day, with the exception of weekends and holidays. In case of a life-threatening emergency, please call 9-1-1 or proceed to your nearest emergency room. You can also contact your therapist via email. Email is not a means to replace therapy, therefore please use email for either scheduling or brief communication.

_____(Initial)

Confidentiality

In general, the privacy of all communications between a patient and a therapist is protected by law. We can only release information with your written permission, with a few exceptions:

- A judge may order our testimony if he/she determines that the issues demand it.
- If we believe that a child, elderly person or disabled person is being abused or has been abused, we must make a report to the appropriate state agency.
- If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If a patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or contact family members or others to help provide protection. If a similar situation occurs in the course of our work together, your therapist will attempt to fully discuss it with you before taking any action.
- We may occasionally need to consult with other professionals; we make every effort to avoid revealing patient identity.

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Notice of Privacy Practice for Protected Health Information

I acknowledge receiving a copy of the Notice of Private Practices for Protected Health Information, which is in accordance with the Health Insurance Portability and Accountability Act.

_____(Initial)

Your signature below indicates that you have read the information in this document and agree to abide by its terms as outlined with Tobin Counseling Group.

PATIENT SIGNATURE _____ **DATE** _____