

Shipowick-Smith Counseling and Positive Living Center

Financial Contract & Limits of Confidentiality

NO SHOW and CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed a fee of \$65. This fee is charged for missed appointments or no show cancellations with less than 24 hour notice unless due to illness or an emergency. *Lateness of 15 minutes or more constitutes a missed session.* A bill will be mailed directly to all clients who do not show up for or cancel an appointment.

FINANICAL CONTRACT

Insurance:

I hereby authorize payment by my insurance company to the office of "Shipowick-Smith Counseling and Positive Living Center for services rendered. Although eligibility and benefit information will be corroborated to the best of the office's ability, this does not guarantee financial reimbursement related to these matters. I understand that it is **MY** responsibility to resolve any dispute with my insurance carrier or third party payer and that I am obligated to pay any charges denied or not covered by my insurance.

Co-Payments:

I agree to pay any co-pays in accordance with my insurance policy at the time of service.

NSF Fees:

There is a charge of \$35 for each NSF check. If you have NSF checks returned, you may lose your right to write any more checks for treatment.

Reporting to Courts or Probations:

Failure to attend treatment for lack of funds is a violation of your probation and does not constitute a valid reason to miss treatment. Shipowick-Smith Counseling and Positive Living Center may report any unpaid fees to the courts.

In the event of default in payment, I will be held liable for all unpaid balances, including interest, late charges, no show or cancellation fees, and/or any attorney or collection charges permitted by law.

Contents of all therapy sessions are considered to be confidential. Both verbal information & written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- **Duty to Warn & Protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim & report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities & make reasonable attempts to notify the family of the client.
- **Abuse of Children & Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
- **Prenatal Exposure to Controlled Substance:** Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
- **Insurance Providers** (when applicable): Insurance companies & other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes & summaries.

I have read, understand and agree to the above limits of confidentiality & financial contract and understand their meanings and ramifications. I have received a copy of this policy and contract.

SIGNATURE CLIENT/GUARDIAN/PARENT DATE

SIGNATURE SECOND CLIENT/GUARDIAN/ PARENT DATE