adulteen
COUNSELING

SERVICE AND FINANCIAL AGREEMENT

In order that the working relationship between you and your therapist proceeds without difficulty or interruption, we would like to familiarize you with several policies that pertain to the delivery of psychological services.

DATA PRIVACY AND CONFIDENTIALITY

Your visits here and information discussed are classified as private by Wisconsin law. Private information can be communicated to others only with your informed written consent. The only exceptions to this are mandated by law and include a) reporting of abuse of children or vulnerable adults; b) a situation where disclosure of information is necessary to protect against the risk of imminent serious harm being inflicted by you on yourself or another person; and c) records subpoenaed by the court. Information concerning dependent minors is accessible to parents unless it is determined that such access would be harmful to the minor.

FINANCIAL RESPONSIBILITY

Most health insurance plans include behavioral health coverage. However, the exact coverage varies widely with the different health insurance plans. Therefore, please be aware of your particular coverage, as **it is your responsibility for knowing the specifics of your policy**. We would be happy to assist you if necessary.

Co-payments are due at time of service. It is the policy of Adulteen Counseling to collect a payment for the percentage that is not covered by your insurance. This also applies to insurance policies that have a deductible. This percentage or payment is payable at the time of service. **You agree to pay any charges not covered by your insurance plan.**

In the unlikely event that your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve using a collection agency and/or an attorney, which will require Adulteen Counseling to disclose otherwise confidential information (e.g. client name, address, phone numbers, dates of service and amount due). If such action is necessary, collection fees, legal fees, interest and finance charges will be added to the amount due. You will be charged for returned checks as determined by state law.

CANCELLATION POLICY

We ask that you give us **24 hour notice** if you cannot keep your appointment. Outside of an emergency, if you do not give a 24 hour notice, you will be charged $55.00 for the session. You are responsible for the fee, as your insurance company will not cover a late cancel or failed appointment. If you have 2 late cancels or failed appointments, all future appointments may be taken off the schedule.

REMINDER NOTIFICATIONS

With your permission (indicated by entering your email address or mobile number below), we are able to provide through our electronic health record system either email or text reminders for your upcoming appointments. Please note that these are provided *as a courtesy only* and **you as the client retain full responsibility for your timely attendance to appointments.** Please also note that email and text communication is not inherently secure. Your permission allowing us to send you appointment reminders indicates your understanding of this fact and your agreement to not hold us liable for any subsequent breach of confidentiality resulting from the use of this service.

Email address/mobile number where I would like to receive appointment reminders:

_____

I have read the above information and understand my obligations with regard to these items.

Signature _____ Date _____