



Welcome to Pinecrest Counseling. This document contains information about our professional services and office policies. Please read it and feel free to discuss any questions you may have with your psychotherapist.

Sessions – Sessions are usually 45 – 50 minutes and are generally scheduled on a weekly or biweekly basis. Additional or longer sessions can be arranged as needed.

Benefits and Risks of Therapy – Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, better physical and mental health, and hopefully the resolution of the specific concerns that led you to initially seek therapy. Psychotherapy can foster personal development and liberation from unsatisfying or painful patterns of living. Patient and therapist work together to understand the meaning of emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love and creativity. Since therapy often involves discussing unpleasant aspects of your life, you may initially experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness that will dissipate as you continue to work on these. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Fees – The client is responsible for payment in full (the percentage the insurance will normally cover as well as co-payments). Every effort will be made to verify eligibility of benefits coverage. However, you are responsible for payment for all co-pays, deductibles and payments for sessions which are not covered by your managed care insurance carrier. We accept cash and personal checks. Please be aware that there will be a \$30.00 service charge for any returned checks.

Cancellations – There is a 24-hour cancellation fee policy. If you miss an appointment or cancel beyond that time frame, you will be charged for the session. We strongly encourage you to call (305) 667-5595 to inform us of your rescheduling needs, this will allow other client's the opportunity of utilizing your appointment slot and will avoid cancellation fee (s).

Contacting Us & Emergency Procedures – In order to best meet your needs, you may contact the office number (305) 667-5595 - 24 hours a day and leave a confidential voice mail including your name, therapist whom you wish to reach a phone number and brief description of the nature of your call. We will make every effort to return the call on the same day. Phone calls lasting 15 minutes or less will not be charged. The charge for calls longer than 15 minutes is prorated at the regular hourly rate. Sunset Behavioral Health is not an emergency crisis facility thus if you are experiencing a life threatening emergency you need to seek immediate assistance by contacting 911.

Confidentiality – Your privacy is extremely important to us and for our work together. What you disclose in our sessions is generally protected by laws and ethics. Therefore, your written permission is required before any information regarding your treatment can be released. There are some exceptions to the rules:

- 1) If there is a reasonable suspicion of abuse/neglect of a child, elderly, dependent, or disabled person.
- 2) If you may be in danger of harming yourself or another person
- 3) As required by a third-party to obtain reimbursement
- 4) As otherwise ordered or required by law (for example, as a result of a court order)

CONSENT TO EVALUATION AND TREATMENT

Please be aware that this form does not cover every possible exception. Please refer to the HIPAA Notice of Privacy Practices, which we supplied you.

Additional Charges – Additional charges may be assessed for services other than therapy. For example, there might be psychological assessments we decide to do, you may request a letter, or you may become involved in litigation, which may require our participation. These fees will be discussed in session prior to those services being rendered. If you become involved in legal proceedings, payment is required for all professional time spent including preparation, travel (and cost) even if we are called to testify by a third party. These fees will also be discussed.

We are pleased to provide you with the professional services that you are seeking and to assist you in the healing process. Please feel free to make any comments or questions regarding our policies.

I have read this agreement, understand it, and have had my questions answered. I accept, understand, and consent to participate in treatment.

Client:

Clinician:

Print Full Name

Print Full Name

Signature

Date

Signature

Date

Print Full Name of Parent/Guardian
(If under 18 years of age)

Parent/Guardian Signature
(If under 18 years of age)

Date