



## Patient Contract and Consent for Treatment

**PSYCHOTHERAPY SESSIONS:** Your psychotherapist is a licensed professional providing services as an independent contractor at Life Change Psychotherapy Institute. Therapy sessions are 55 minutes in duration. Psychotherapy provides a safe and confidential place to go through life changes. Often therapy is difficult, but the rewards are fulfilling. Many of the actual changes in behavior happen outside of therapy so it is important to experiment with change between sessions. Your continuing activity and awareness between sessions will impact how well and how quickly you progress.

**PATIENT RIGHTS:** All patients within this practice will be treated in a manner that upholds their personal dignity and that treats them equally, without regard to sex, age, race, religion or handicap. Patients have the right to refuse treatment at any time. However, any non-compliance with specific treatment recommendations must be discussed thoroughly with your therapist. In addition, a written statement of chosen non-compliance with treatment recommendations may be requested. Patients have the right, and are encouraged, to discuss treatment planning and ongoing treatment progress with their therapist.

**CONFIDENTIALITY:** All information disclosed and discussed within the therapeutic setting is confidential. No information regarding the named patient will be shared with individuals outside of this treatment practice. To ensure that the highest quality of care is delivered, case discussion, consultation, and/or supervision may be sought within this treatment practice. If it is desired to share information with involved individuals outside this treatment practice, a specific "Release of Information" consent form will be requested in writing. Information not bound under the state guidelines for patient confidentiality include the following: (a) information regarding the abuse and/or neglect of a child, (b) information indicating the intent to harm self and/or other(s), (c) court ordered subpoena of records and/or treatment staff.

**PAYMENT:** Payment is required in full at the time services are rendered. If you have mental health insurance, arrangement may be made to bill your insurance directly. All insurance co-pays are the responsibility of the patient and are required to be paid in full at the time services are rendered.

**INSURANCE CO-PAYS:** You have been quoted a co-pay amount that we received from your insurance company, but please be aware that nothing is final until a claim is actually processed.

**RESPONSIBILITY FOR THE BILL:** As a courtesy we will submit your bill to your insurance company and will do everything possible to expedite your claim. However, you should remember that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your bill. Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), you are responsible for payment regardless of the fact that insurance covers the service or not.

**CELL PHONES:** *Please turn off your cell phone during session.*

**CANCELLATION POLICY:** Because time has specifically been reserved for you, a 24-hour notice is required for all cancellations. A failure to give a 24-hour cancellation notice will result in a \$50 cancellation charge, plus tax (\$53.75), for this time. Insurance companies do not pay for late cancellations. The \$53.75 late cancellation fee is the full responsibility of patient.

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*Patient Signature*

\_\_\_\_\_  
*Date*