

Samaritan Counseling Center of Southwestern Michigan, Inc.

COUNSELING AGREEMENT

CONSENT TO TREATMENT/CONFIDENTIALITY: You consent to counseling treatment for yourself and/or your child at the Samaritan Counseling Center of Southwestern Michigan, Inc. In giving your consent, you understand that information about you and/or your counseling will remain confidential, including the fact that you are being seen as a client, with the following exceptions:

- Information may be discussed, when deemed appropriate, for supervision or consultation with Samaritan Center clinical staff.
- If the Center has reason to believe that a child, a developmentally disabled adult, or an elderly person is being abused or neglected, it must, under state law, report the suspected abuse to the proper authorities.
- If the Center feels that a client is a danger to themselves or another person.
- If the Center feels that a client is unable to take care of their basic living needs.
- The Center may have to provide specific information to the court if a Court Order is issued.

CANCELLED OR MISSED APPOINTMENTS:

- The charge for missed appointments or appointments cancelled with less than 24 hours notice is \$25.

PAYMENT POLICY:

- The per session fee for counseling is: \$125 for the initial evaluation; \$100 for individual counseling; \$110 for family counseling. Fees for legal testimony are \$300 per hour calculated from portal to portal. Legal testimony fees are generally not covered by insurance and are your responsibility.
- Payment is expected at the time of session. If you have insurance, which will cover all or a portion of the cost of service, as a service to you the Center will file your insurance claim, and will arrange to have your insurer pay us directly. You are responsible for paying your deductible and your co-pay. Payment is expected at the time of session. ***Failure to pay for two (2) consecutive sessions may result in no scheduling of another session until an agreed upon payment is made.***
- Unpaid insurance balances that are 60 days old or older automatically become your responsibility. Account balance payment in full, or arrangement for payment, is expected within 25 days of receipt of your statement.
- When a telephone consultation is provided, a case management fee of up to \$25 per quarter-hour may be charged.
- Regular session fees will be charged for report writing and consultations.

TELEPHONE MESSAGES:

- Permission is granted to the Samaritan Counseling Center of Southwestern Michigan, Inc. to leave messages at the telephone number(s) you have provided.

INSURANCE:

- Permission is granted to the Samaritan Counseling Center of Southwestern Michigan, Inc. (Center) to contact your insurance provider by telephone, fax or internet, for the purpose of determining outpatient mental health benefits, getting authorization to provide outpatient mental health services, providing information required by your insurance company for payment of claims, and/or other reasons that directly relate to the Center's ability to provide treatment or receive payment for services provided.

CLIENT NAME(S): _____

/we guarantee payment of all charges incurred for treatment of the above named client(s).

Signature

Date

Signature

Date