

Informed Consent Statement

1. I voluntarily consent to participate in the initial intake and assessment process.
1. I have been given the opportunity for discussion of any concerns that I have regarding treatment.
2. I have been informed of the planned course of treatment.
3. I understand:
 - **that I may withdraw my consent at any time.**
 - **That if there are any changes in my insurance coverage, I will be notified within 15 days.**
 - **That I must notify The Center for Counseling if my insurance carrier or coverage changes.**
 - **that at this time and unless otherwise notified, my financial responsibility will be \$ _____ per session.**
 - **that I am responsible for payment of any services not covered by third party payors and I will pay any and all charges, co-pays and deductibles owing The Center for Counseling in accordance with their regular rate.**
 - **that if I must cancel an appointment, I am required to contact the office 24 hours prior to the appointment. Voice mail is available 24 hours a day, 7 days a week. If I fail to contact the office, I will be charged a \$45.00 fee.**
 - **that this fee is not billable to insurance, and is due at the beginning of the next session.**
 - **that I will be charged \$25.00 for any non-sufficient funds checks.**
 - **that in case of inclement weather, I am to call the office prior to my appointment to confirm that the CFC is open. If we have closed, there will be a message on our recording indicating the closure.**
4. I have read and received a copy of the fire evacuation/fire drill procedure, tornado warning drill procedure and building map.
5. It will be the policy of The Center for Counseling to formally charge a fee for phone calls either before or after business hours. These charges are non-billable to your insurance and will need to be paid by your next session. The fees are: up to 30 minutes = \$25.00, 30-60 Minutes = \$45.00, after 60 minutes, the charge will be .75 cents per additional minute.

Client Signature

Date

Clinician Signature/Credentials

Date

