

## Client Information

*The guidelines below are intended to familiarize you with the procedures of the office. You have been provided with two copies...please retain one and return one signed. If you have any questions about these, please feel free to discuss them with me.*

Length of Sessions – Sessions are 50 minutes. During our time together you will have my undivided attention.

Payment – It will be to your advantage to have your payment prepared in advance of our meeting in order to maximize our time together. Please pay at every session and make checks payable to *Marlo Bennett* or *Cash*. Following the initial session, I will have your receipt prepared in advance.

Fees – The fee for individual & couples sessions is \$110.00. If you have health insurance coverage, I can provide you with a bill that you can submit for reimbursement. **If I am a preferred provider with your health insurance company, I will follow the contractual agreement.** Typically, you are required to make the co-payment at the time of service, and I am required to directly bill the insurance company for the remainder. If your insurance does not cover services, you will be responsible for payment in full. If your insurance coverage changes during the course of therapy, please inform Marlo Bennett in advance of the first appointment under the new coverage.

Rescheduling – Your appointment time is reserved only for you. I understand emergencies may arise which would prevent you from keeping your scheduled appointment. Please contact me as soon as you know you will be unavailable. You then have two options: you may reschedule for an appointment within 7 days, or you may simply pay for the missed session. I will make every effort to honor your rescheduling requests. This policy goes into effect following our initial session. **If I have a contractual agreement with your insurance company, their cancellation policy supersedes this rescheduling policy.**

Confidentiality – Services of this office are confidential. Information contained in your file is considered protected health information and cannot be released to other parties without your consent, but there are exceptions to this. There are specific circumstances (e.g. risk of suicide, disclosure of child abuse, subpoena) in which this information can or must be released without your permission. I will explain these in our first session. Additionally, information is released to your insurance company for the purpose of confirming benefits and obtaining payment. Without your consent, billing information can be released to a billing agency or court if your account is past due. Clients under the age of 18 have limited confidentiality in regards to information that can be shared with parents.

Other Resources – I am at your service to share my resources with you...doctors and other health professionals, etc. Feel free to ask for these sources. I regard our association as an important relationship. If you feel you benefit from our time together, I welcome you to refer others to my services.

By signing below, you affirm that you have the legal authority to consent to treatment of your daughter or son. If you are a non-custodial parent, please speak with Marlo Bennett before signing.

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Parent Signature

Client Name (printed)

Date