

Client Information and Consent To Treatment

APPOINTMENTS: Your scheduled office appointment is a time specifically set aside for you. If you are unable to keep an appointment, a minimum of 24 hour notice is required, otherwise you are subject to the full charge for the appointment.

INSURANCE: I am an OUT OF NETWORK provider. I cannot bill your insurance.; however, if you want to file your own insurance, I am happy to provide the necessary office codes and diagnostic codes for you.

COUNSELING METHODS: Counseling methods will vary according to your individual needs. Any questions that you have regarding procedures or the process of therapy are legitimate and honored.

EMERGENCY SERVICES: In the event of a clinical emergency, call the Crisis Intervention Hotline at 615-244-7444 or go to your nearest emergency room.

CONFIDENTIALITY: I strive to maintain confidentiality and uphold the ethics of confidentiality. This includes all verbal, written and recorded data concerning your treatment, which may not be released without your written consent.

Limits to Confidentiality

1. This therapist has the legal duty to warn and protect persons threatening to harm themselves or others.
2. This therapist has the legal duty to report to the proper authorities any knowledge of abuse to children and vulnerable adults.
3. This therapist will comply with Tennessee State Laws in regard to court ordered subpoenas / court ordered testimonies.
4. If you request reimbursement from your insurance company for appointments, they may request reports from me in order to authorize payments to you.

If you choose to keep a third party informed of your progress in therapy, it will be necessary to complete an "Authorization to Release Information" form that I will keep on file.

Please sign below to indicate that you have read and understand the above notifications and that you are consenting to receive therapy sessions with Laura Lewis LMFT.

Client / Guardian

Date

FEE AGREEMENT My standard fee for therapy is \$150.00 for 55 minute session or consult. You are fully responsible for all payment for services rendered at the time of your session.

REVIEW and CHECK that you understand and agree to these policies.

_____ All therapy sessions require 24 hour cancellation notice. If an appointment is missed or cancelled less than 24 hours in advance, the client may be charged for the session that was missed.

_____ Payment is expected at the beginning of the session. You may pay by cash, check or credit card. Please make all checks payable to Laura Lewis LMFT.

_____ The fee for services is \$150.00 for 55 minutes

_____ Failure to make payments may result in therapist using a debt collection agency.

I have reviewed and agree to abide by the financial policies outlined above.

Client / Guardian

Date