adulteen
COUNSELING

SERVICE AND FINANCIAL AGREEMENT

In order that the working relationship between you and your therapist may proceed without difficulty or interruption, we would like to familiarize you with several policies that pertain to the delivery of psychological services at Adulteen Counseling.

DATA PRIVACY AND CONFIDENTIALITY

Your visits here and information discussed are classified as private by Wisconsin law. Private information can be communicated to others only with your informed written consent outside of several specific situations which are detailed in our Notice of Privacy Practices and in this document.

FINANCIAL RESPONSIBILITY AND INSURANCE COVERAGE

Many health insurance plans include behavioral health benefits. The exact coverage, however, varies widely with different health insurance plans. Therefore, please be aware of your particular plan and benefits, as **it is your responsibility to know the specifics of your policy,** *including whether your provider is considered in-network with your particular plan*.

If you would like to utilize insurance benefits, certain medical information regarding client treatment will need to be released by Adulteen Counseling to your insurance company and/or third-party payer in order to obtain payment for services provided. By supplying your insurance information and signing this document, you are authorizing Adulteen Counseling to contact your insurance company or third-party payer to submit and/or receive any information required to process claims for therapy services obtained from Adulteen Counseling.

It is the policy of Adulteen Counseling to collect all co-payments, deductible payments, co-insurance charges (percentage due after deductible), and account balances *at time of service*. **Your signature below indicates that you are financially responsible for all charges incurred,** *including those not covered by your insurance plan or third-party payer.*

In the unlikely event that your account balance has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal means may be used to secure payment. This may involve employment of a collection agency and/or attorney, which will require Adulteen Counseling to disclose otherwise confidential information (e.g. client name, address, phone numbers, dates of service and amounts due). If such action is necessary, collection fees, legal fees, interest, and finance charges will be added to the amount due. If you are utilizing insurance benefits, we may also inform your insurance company of your delinquent payment status. Any returned checks will be assessed a fee as determined by state law.

CANCELLATION POLICY

We ask that you give us **24 hour notice** if you cannot keep your appointment. Outside of an emergency, if you do not give 24 hour notice, you will be charged $55.00 for the session. You will be responsible for this charge, as insurance companies will not cover fees for late cancellations or failed appointments. If you have 2 late cancels or failed appointments, all future appointments may be removed from the schedule.

REMINDER NOTIFICATIONS

With your permission (indicated by entering your email address or mobile number below), we are able to provide email or text reminders for upcoming appointments via our electronic health record system. Please note: these reminders are provided *as a courtesy only;* **you as the client retain full responsibility for your timely attendance to appointments.** Please also note that email and text communication are not inherently secure. Your permission for us to send you appointment reminders indicates your understanding of this fact and your agreement to not hold us liable for any incidental breach of confidentiality resulting from the use of this optional service.

Email address OR mobile number where I would like to receive appointment reminders:

_____

I have read the above information and understand my obligations with regard to these items.

Signature _____ Date _____

Name (printed) _____ Client Name _____