



## Client Informed Consent to Treatment and Fee Agreement

**OFFICE INFORMATION:** Welcome to our office. We want your visits to be helpful. Please read the following carefully in order to use our services more effectively. Ask questions about anything that is of concern to you.

**MENTAL HEALTH SERVICES:** Therapy is a cooperative effort between the client and the therapist. Though there are no guarantees, therapy has been proven to have significant benefits for people who are willing to be an active participant in the process of change. Being an active participant may mean that you engage in problem solving, explore new ideas and feelings, and practice new skills. Therapy may evoke powerful responses and feelings at times, but you are encouraged to ask questions and offer ideas of your own regarding your treatment. If at any time you wish to terminate therapy, please discuss it openly with your therapist.

**OFFICE HOURS, VISITS, AND FEES:** All visits are by appointment only. Consultation and therapy visits usually last 50 minutes. Individual and couples therapy is \$175 per session. Special services, such as court appearances, letters, copies, and other documentation are billed at different rates, including travel time. If you have questions regarding these special services, please see our Financial Policy for more specific details and information. Fees are due at time of service. If your portion of the bill (not including anticipated insurance payments) is more than 90 days delinquent and other arrangements have not been made, Sioux Empire Christian Counseling has the option to use legal means to secure payment, including but not limited to collection agencies and small claims court. If legal action occurs, you will forfeit your right to confidentiality only to the extent needed to process the legal claim.

**CANCELLATIONS:** Cancellations must be made 24 hours in advance to avoid a \$50 fee. There are several reasons why this policy is followed: (1) Regular appointments are necessary for therapy to work. (2) Frequently, other clients would like to use the time set aside for you should it become available. (3) Since therapy visits run 50 minutes, each appointment constitutes a significant portion of the schedule, and losses from missed appointments are not covered by insurance. Emergency exceptions may apply.

**EMERGENCIES:** When your therapist is unavailable, please leave a message. We will make every effort to return your call on the same day with the exception of weekends and holidays. This includes email or any other type of electronic communication. If you have an emergency and cannot wait for a return call, you should do one of the following:

1. Call your psychiatrist or medical doctor.
2. Call the Help Line 211.
3. Dial 911 for emergency medical attention.
4. Go to the nearest emergency room.

**Sioux Empire Christian Counseling**

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Phone: 605-271-0261 Fax: 605-271-0263 [www.siouxempirechristiancounseling.com](http://www.siouxempirechristiancounseling.com)



**CONFIDENTIALITY:** The information you share with this agency is held in the strictest confidence. That means information about you cannot leave this office without your permission. Should you want to share information with another professional, you will need to sign a form giving this agency permission to do so. In general the law protects the confidentiality between a client and a therapist. However there are some exceptions: (1) The client authorized the release of information. (2) There is evidence or reasonable suspicion of child/elder abuse and or neglect. (3) The client presents a physical danger to self or others or has intent to commit a crime. (4) The therapist is ordered by the court to release information. (5) Parents of a minor can have access to records. (6) The client failed to pay for services rendered. Only information necessary to proceed with legal measures against such clients will be released to court authorities or collection agencies. (7) Other health care operations involved with treatment or payment may receive pertinent information as described in Notice of Privacy Practices.

**INSURANCE:** Many insurance companies provide some coverage for mental health treatment. However, you and not your insurance company are responsible for the full payment of your bill. Therefore, it is very important that you find out exactly what your policy covers. You can do that by calling the 800 number on your insurance card. You should be aware that most insurance agreements require you to authorize your particular therapist to provide a clinical diagnosis, additional clinical treatment plans or a summary, or in rare cases a copy of the entire record. Unless specifically authorized by you, we will not release psychotherapy notes to the insurance company. If you request it, your therapist will provide you with a copy of any report which will be submitted. Our office will be happy to help you, and we will gladly submit your claims.

**CLIENT RIGHTS:** You have the following rights when participating in counseling:

1. The right to be informed of the various steps and activities involved in receiving services
2. The right to humane care and protection from harm, abuse, or neglect
3. The right to make an informed decision whether to accept or refuse treatment

I have been given the opportunity to ask questions which have been answered to my satisfaction. I have had the opportunity to discuss this information.

**I have read the terms and conditions set out in this document, and I understand and accept the above policies.**

\_\_\_\_\_  
Patient Name - Print

\_\_\_\_\_  
Signature – Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Legal Representative

\_\_\_\_\_  
Date