

# Clinician-Patient Agreement and Financial Responsibility

Your contract for services is with Edward Curlee, LCMHC LCAS

## Rights and Risks:

- You may ask questions about any aspect of the counseling process.
- If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios.

## Confidentiality:

- Information shared by you in session will be kept confidential.
- Information will not be released without your written consent, except for professional consultation if needed and unless required by law.
- I am required by law to disclose information pertaining to suspected child abuse, the inability to care for one's basic needs for food, clothing or shelter, and threatened harm to oneself or others.
- You may want to discuss further limits or exceptions of confidentiality.

## Appointments:

- All office visits are by appointment and may be scheduled through the office manager or your counselor directly.
- Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 50 minutes.
- Late cancellation (less than 24 hours before) *and/or* no-show appointments are billed to the client at a rate of \$100.00. In the case of illness, please notify us no later than 9:00 a.m. the day of the appointment. Please leave a message if you get voicemail. If your appointment is cancelled or missed, contact the office for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges.

## Fees:

- The client portion of fees is expected at the time of service.
- Your health insurance may help you recover some of your counseling costs. Most group policies cover outpatient psychotherapy. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit.
- Insured clients are expected to take care of their copayment fees as services are rendered. You are responsible for all outstanding charges on your account. My office cannot accept responsibility for settling your insurance claims or for negotiating a settlement on any disputed claims.
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. **Accounts 90 days in arrears will be terminated and reported to credit bureaus.**
- Any change in your financial situation should be discussed with your therapist. In the event you find it necessary to change mental health providers and require records to be sent from **Edward Curlee, LCMHC LCAS** your account will need to be paid in full.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize **Edward Curlee, LCMHC LCAS** to release any information acquired in the course of my therapy to my insurance company if I file a claim (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with **North Carolina** State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of **Edward Curlee LCMHC LCAS's** Privacy Policy.

**Initial Interview \$140.00**

**Session Fee \$125.00**

**Non or Late Cancellation \$100.00**

**Bounced Check Fee \$35.00**

**Client(s) Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergencies:**

The **best phone number** for all offices is **(704.325.9654)**. If you receive the voice prompt, please leave a message for your therapist. Your therapist may be on the phone, in therapy with someone else, or out of the office. In a crisis situation, and your therapist cannot be reached, you may **call the 24-hour Mental Health Crisis Line: 1.888.235.HOPE (4673), or go immediately to your local hospital emergency room.**