



Rochester Area Counseling Services

Therapist-Client Agreement and Financial Responsibility

Rights and Risks:

- Therapy is most effective when you are open and can speak honestly about your emotions and experiences and ask questions about any aspect of the counseling process
- Therapy may include talking about emotionally provoking subjects and scenarios.

Confidentiality:

- Information shared by you in session will be kept confidential and not released without your written consent.
- 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 therapy sessions are by appointment and are scheduled through 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 a therapy session is 50-60 minutes.
- Last-minute, non-emergency cancellations **and/or** no-show appointments are billed to the client for the full amount. Please leave a message if you get voice mail. If your appointment is cancelled or missed, contact your therapist for a new appointment time.

Fees:

- The self-pay fee is \$100.00 per session, unless other arrangements have been made with your therapist.
- My insurance provider is: _____ My copay/coinsurance is: _____.
- If you have a deductible, it is your responsibility to determine if you have met your deductible for the year. If you have not met your deductible, you will be charged the insurance contracted rate for the session.
- Clients are expected to pay in full at time of service unless a payment plan has been previously arranged with your therapist.
- Your health insurance may help you recover some of your counseling costs. It is your responsibility to verify your coverage with your insurance company. We will provide you with an itemized receipt that you can submit to them.
- Cancellation of appointment: You may cancel your appointment by calling our business number 248-266-6166 (24 hours a day), but you **MUST** cancel at least 24 hours in advance. If you do not cancel or keep your appointment, **YOU, NOT THE INSURANCE COMPANY, WILL BE CHARGED \$100.00 FOR THE SESSION.**
- I, the undersigned, agree and acknowledge that responsibility for full payment for services rendered, including any deductibles and/or co-payments is mine.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me.

Client(s) Printed Name(s): _____

Client Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____