WATERFORD
Counseling and Psychological Services

Statement of Understanding and Consent for Treatment

Welcome to Waterford Counseling and Psychological Services group practice. We are a group of clinicians dedicated to serving kids, adolescents, adults, couples and families. We appreciate the opportunity to be able to serve you and/or your family. We invite you to carefully read the following information as it will outline the mutual responsibilities of the treatment agreement between you and your therapist, and also the mutual expectations between you and the group practice of Waterford Counseling and Psychological Services.

Confidentiality
All information shared within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

Limits of Confidentiality
There are exceptions to this rule of confidentiality mandated by state and federal laws. Written consent from the client is not required in the following circumstances: if there is a threat of imminent harm to yourself or others, if there is reasonable suspicion of child, dependent, or elder abuse or neglect, if you need immediate medical attention while in session or in the office, if records are required pursuant to legal proceedings initiated by or against you through a court order, if disclosure of confidential information is required by your health insurance carrier in order to process claims (only the minimum necessary information will be communicated to the carrier), or if your therapist feels the need to consult with other professional therapists as a part of the standard of good practice to ensure the best possible care for his or her client. During these consultations your personal identifiable information will not be revealed.

Litigation Limitation
Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on your therapist at Waterford Counseling and Psychological Services to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Payment and Insurance Reimbursement
Clients are required to pay all fees in full at the time services are rendered, unless alternative arrangements have been made with your therapist. If you have insurance coverage, you agree to assign the benefits of your insurance coverage to Waterford Counseling and Psychological Services, and to pay all deductibles and co-pays. We will submit claims to your insurance company on your behalf. Please understand that insurance policies are quite varied, and it is your responsibility to familiarize yourself with your insurance benefits, including obtaining any pre-authorizations required and verifying coverage. Our office will assist you with this process.

It is important to realize, however, that regardless of your insurance coverage, it is ultimately the client's responsibility for payment of services.

Appointments and Fees

The client's initial appointment will be made through our Intake Coordinator. Subsequent appointments will be made by the client with their assigned therapist. The length of therapy sessions may be 25 minutes, 45 minutes, or 60 minutes. Fees for therapy sessions will be in accordance with the negotiated rate that we have with your specific insurance provider. Your therapist will discuss this fee with you at the initial therapy session. For cash payments, clients are expected to pay $180 for the initial session, $160 for a 60 minute session, $130 for a 45 minute session, and $75 for a 25 minutes session. Clients may pay with cash, check, debit card, or credit card.

Late Cancelations or No Show Appointments

Unless appointments are cancelled at least 24 hours in advance of the scheduled time, there will be an $80 charge for missed or late appointments. We understand that emergencies do arise. Please discuss the nature of the emergency with your counselor to waive a late charge.

Acknowledgment and Consent for Treatment

I have read the above Statement of Understanding and Consent for Treatment form and understand and agree to comply with the stated terms. I understand that Waterford Counseling and Psychological Services complies with all aspects of HIPPA regulations, the Mental Health and Developmental Disabilities Acts and to all other applicable federal laws and regulations. I affirm that I am consenting to be treated by my therapist. I understand that I will discuss the goals, objectives, methods and timeframe of my treatment with my counselor, understanding that these may be modified as therapy progresses. I am aware that I have the right to refuse treatment or to terminate counseling should I choose. I understand I can discuss the nature of the treatment to be employed, along with the risks and alternatives. I understand that the Notices of Privacy Practices is posted in your office for my review, and that you have offered to give me a copy of the privacy practices, should I choose, and to answer any questions that I may have about this agreement and the privacy practices of Waterford Counseling and Psychological Services

Client's Name (print)

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Client's signature (or Legal Guardian of Minor)

_____Date_____

Collateral family member's Signature

_____Date_____

Therapist's Name (print)

_____

Therapist's signature

_____Date_____