Clarity Counseling Associates
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Client Information and Office Policy Statement
Informed Consent

Welcome! Please read this document carefully. It contains important information about every aspect of this practice. Your therapist will answer any questions you might have about information in this document.

Psychological Services

The major goal of psychotherapy is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. There are a variety of approaches available to address needs and issues that you bring to treatment. Psychotherapy differs from medicine in that it requires active participation and effort from the patient. In order for treatment to succeed, you need to work on the issues discussed during treatment outside of the office during the course of your normal week.

Psychotherapy is not without risk or problems. Uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration often appear during the course of treatment. These feelings are important and require discussion with your therapist. Psychotherapy also has clear benefits for most clients including stress reduction, increased personal awareness, improved relationships, and resolution of individual problems and symptoms.

Appointments are usually scheduled for 45 minutes. Clients are usually seen weekly or more/less frequently as needed. You may discontinue treatment at any time, but please discuss any decisions with your therapist.

Confidentiality

Psychotherapists are bound by the rule of confidentiality. This means that any communication between you and your licensed psychotherapist is confidential. Exceptions to confidentiality are: 1) Dangerousness to self or others, 2) Filing false claims to insurance companies 3) Knowledge of physical or sexual abuse of a child or elderly person. Physical and sexual abuse is reported directly to NH Department of Children, Youth and Families.

Fees

Current fees are listed on the signature page of this contract. Although you may have insurance that may cover much of your treatment, there are also charges that you are responsible for. These charges include but are not limited to deductibles, co-payments, and charges that your insurance company categorizes as “not covered.” Insurance companies do not cover the following fees: non-attendance for scheduled appointments, late cancellations, lengthy consultations with outside sources (i.e. schools, physicians, psychiatrists, other therapists, letters/written reports, preparations of records and treatment summaries).

Payment is required at the time of service. Payment can be in the form of cash, check, or credit card. Additional **credit card processing fees do apply and range from 2.75-3.5%** (depending on how your card is processed). HSA/FSA cards are not charged a credit card processing fee.

In regards to the involvement of your therapist in court proceedings, there is a $500 minimum fee for the first two hours of an appearance that might be made in a court of law on your behalf. Additional courtroom hours are billed at $250. Depositions and any other legal proceedings are subjects to these same fees.

Cancellation Policy

As a client your time is sacred. That same commitment is expected of you. If you are unable to make an appointment for **ANY REASON**, you are required to give your therapist at least 24-hours' notice. If you do not follow this policy, **you will be required to pay a late cancellation/missed appointment fee of $75.00**. Under contract, your insurance cannot be billed for cancelled appointments. The fee comes out of your pocket and must be paid prior to your next scheduled visit.

Contacting the Office

You may leave a voicemail (603) 425-7600 at any time. Please leave a telephone number and a time to contact you. Messages are generally not checked on the weekends. All calls on weekdays will be returned within 24 hours (usually sooner). **If, at any time you feel that you are a danger to yourself or others, you must call 911 immediately and request assistance. Do not wait to be contacted by your therapist.**

Current Professional Fees

Initial Psychotherapy Evaluation	$165.00
Family/Couples Psychotherapy	$140.00
Individual Psychotherapy	$140.00
Group Psychotherapy	$ 50.00
Missed Appointment/Late Cancellation Fee	**$ 75.00**

An hourly rate of $140.00 will be applied to phone consultations with client, physicians, attorneys, or others designated by the client. This fee is billable to the client. It cannot be billed to insurance. The first five minutes of consultation is at no charge, but the remaining time will be pro-rated based on the hourly rate.

A flat rate of $140.00 will be billed for any extensive written reports provided to any requesting sources (e.g. client, court, schools) This fee is billable to the client. It cannot be billed to insurance. This fee is billed at the discretion of each individual counselor.

I understand if I have an unpaid balance to Clarity Counseling Associates and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney's fees if so incurred during collection efforts.

In order for Clarity Counseling Associates or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Clarity Counseling Associates and the designated external collection agency are authorized to *(i)* contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers which could result in charges to me, *(ii)* contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and *(iii)* methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic device, as applicable.

My signature below indicates that I have read and fully understand the Client Information and Office Policy Statement and agree to treatment, fees, and all specifications described therein. I authorize Clarity Counseling Associates to bill my insurance on my behalf.

Patient (or legal guardian if under 18) _____Date_____

We reserve the right to change this notice.