Dr. Jacquelyn M. Harlan, LMFT License #: 89995, EIN: 20-8699955 9550 Warner Ave., Ste. 250 Fountain Valley, CA 92708 (714) 403-4166

Your Right to a "Good Faith Estimate"

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a "Good Faith Estimate" for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a "Good Faith Estimate" before you schedule a service.

If you receive a bill that is at least \$400 more than your "Good Faith Estimate", you can dispute the bill. Make sure to save a copy or picture of your "Good Faith Estimate". For questions or more information about your right to a "Good Faith Estimate", visit <u>www.cms.gov/nosurprises</u>.

I understand that I have the right to a "Good Faith Estimate" for my psychotherapy services. However, I also understand that, due to the nature of mental health counseling, my therapist may not be able to give a diagnosis upon the intake session or know how many sessions will be necessary. I understand that the length of treatment is dependent upon my diagnoses and my active participation in treatment. Furthermore, treatment duration may be extended due to mental health or life situations that may arise after treatment has begun. I understand that my therapist, Dr. Jacquelyn M. Harlan, LMFT, will maintain the highest degree of moral and ethical standards of my mental health care and any costs associated with it.

I would like a "Good Faith Estimate".

I waive my right to a "Good Faith Estimate".

Print Patient Name

Date

Patient Signature

Dr. Jacquelyn M. Harlan, LMFT

Date