



CONSENT FOR EVALUATION AND TREATMENT

Welcome to Lotus Counseling Center. This document contains information about our professional services and office policies. Please read it and feel free to discuss any questions you may have with your psychotherapist.

Sessions – Sessions are 45 – 50 minutes and are generally scheduled on a weekly or biweekly basis. Additional or longer sessions can be arranged.

Benefits and Risks of Therapy – Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, better physical and mental health, and hopefully the resolution of the specific concerns that lead you to seek therapy. Psychotherapy can foster personal development and liberation from unsatisfying or painful patterns of living. Patient and therapist work together to understand the meaning of the patient's emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love, and creativity. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Fees – We are currently out of network providers for most insurance plans. Our patient care coordinator will advise you on the select plans with which we are in-network. We provide a sliding fee schedule to make therapy affordable for mostly everyone. The fee may be revised from time to time. We accept payments in cash, check or credit card. The client assumes any and all risks associated with postdating checks or delaying deposits and will reimburse Lotus Counseling Center a service charge of \$30.00, per occurrence, for any and all uncleared checks.



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Insurance – Lotus Counseling Center does not normally accept insurance assignments and as such, Lotus Counseling Center is not responsible for any discrepancies between the estimated, benefit coverage and the actual reimbursement. In addition, it is the patient's financial responsibility to pay the balance owed if the amount assigned by the insurance differs from the fees charged by Lotus Counseling Center. Under special circumstances, Lotus Counseling Center will bill your insurance carrier; if insurance billing services are rendered, you are responsible for payment to Lotus Counseling for any administrative fees.

Cancellations – Once we decide to work together, we reserve a time specifically for you. Please reserve cancellations for emergencies only. You will be financially responsible for any missed session if you do not reschedule or cancel within a minimum time period of 48 business hours. If you do not cancel during the allotted time, you will be charged for the full, missed session.

Contacting & Emergency Procedures – You may leave confidential phone messages at any time. It helps if you leave a few specific times when you can be reached. We will do our best to return your call on the same day or the day after. There is no charge for phone conversations lasting 10 minutes or less. The charge for calls that exceed the 10 minutes will be prorated based on your fee for a 4550-minute session. However, Lotus Counseling Center is not an emergency crisis facility. If a life-threatening emergency should arise, you need to seek immediate assistance by contacting the police (911) or going to your nearest emergency room or hospital.

Confidentiality – Your privacy is extremely important to everyone at Lotus. All conversations and information that you disclose to your therapist are generally protected by laws and ethics. Lotus will need your permission before releasing any information concerning your treatment except under the following circumstances:



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- 1) If there is a reasonable suspicion of abuse/neglect of a child, elderly, dependent, or disabled person.
- 2) If you may be in danger of harming yourself or another person
- 3) As required by a third-party to obtain reimbursement
- 4) As otherwise ordered or required by law (for example, as a result of a court order)

This form does not cover every possible exception. Please refer to the HIPAA Notice of Privacy Practices, which we supplied you.

Professional Activities – There are two situations that allow your therapist to share some information about your work together. Your therapist may discuss your treatment in consultation with other therapists or aspects of the combined work between therapist and patient may be shared in teaching, presentations, or publications. In each case, your personal identity will be disguised and no identifying information will be revealed. Your name and the personal information you have shared with your therapist will be protected so that there will not be any indication that links you, the patient, to the discussion.

Additional Charges – Additional charges may be assessed for services other than therapy in session. Anything requiring more than ten minutes of time is billed at the prorated rate of a fifty-minute session. Your therapist will discuss extra fees for such services in advance. Additional fees may also be incurred for any of the following: a psychological assessment; a request for a letter from your therapist; you, the patient, may become involved in litigation which may require the participation of your therapist and/or the involvement of your therapist with an insurance dispute.

If you become involved in legal proceedings, payment is required for all the professional time spent including preparation, travel and/or a request from a third party for your therapist to testify. Due to the difficulty of legal involvement, there is a \$375 per hour fee for preparation and attendance at most legal



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proceedings. If your therapist is required to appear in court, the fee is \$575 per hour, with a minimum of three hours.

I have read this agreement, understand it, and have had my questions answered. I accept, understand, and consent to participate in treatment.

Printed Name of Client **Date**

Signature of Client, Parent or Guardian **Date**
(if the patient is under 18 years old)