



Child/Minor Informed Consent
OFFICE POLICIES & PROCEDURES

FEE STRUCTURE

Is based on a 50-minute psychotherapy session. The standard fee is \$135. Payment is to be made in full at the beginning of each session in the form of cash, credit card, or personal check. Sessions can be paid for in advance and credit card numbers can be kept on file in a secure manner. The client is responsible for payment of fees. In the unlikely event of insufficient funds all bank charges are also the responsibility of the client.

CANCELLATION

I understand I will give a minimum of 24 hours notice if I must cancel or change my appointment. In the event my time can not be filled by another client I understand I will be charged for my missed appointment without 24 hours notice.

INSURANCE

Legacy Counseling Network **does not bill insurance companies**. It is the client's responsibility to submit claim forms for reimbursement to their insurance carrier. The therapist will supply an acceptable receipt. When reimbursement to you occurs for services, **Legacy Counseling Network** can have that switch over to us with the client then being responsible for the co-pay if any.

PHONE CALLS

Periodic phone calls for reasonable durations are not charged to the client, they are part of the administration of your treatment. 50 minute phone sessions can be scheduled at the same standard rate as other appointments.

CONFIDENTIALITY

If you are minor, the content of the psychotherapy session is confidential. However, confidentiality can be breeched if:

- If you or legal guardian give written authorization for releases content to a designated party
- If you are behaving in a manner that poses a real and immneient threat to the life or property of another
- If you are using confidentiality as a means of avoiding legal punishment
- If in the therapist judgment you a pose a danger to yourself
- If the therapist suspects an instance of child or elder abuses
- It is necessary to pursue collection of overdue fees

CASE MANAGEMENT

The client benefits from the therapist consulting other professionals. A release of information is required for us to be able to consult, request or send records to other specific professionals. As a matter of treatment other mental health professionals may be consulted about the nature of the case not the clients themselves.

Please sign and date below to signify your have read and understand the policies and procedures of Legacy Counseling Network. If you are uncomfortable or need further understanding regarding the above material please discuss this with your therapist before you sign.

Parent Signature(s) _____ Date _____

Client Signature _____ Date _____

