



THERAPEUTIC AND FINANCIAL CONTRACT

**CONFIDENTIALITY:** You have the right to a confidential relationship with Summit View Counseling (SVC) while receiving services by a Licensed Counselor or Licensed Social Worker. Without your consent and within certain legal limits, information will not be revealed to any other person or agency. The major exceptions to this confidentiality are threats to harm yourself or others, or those mandated by law such as child abuse/neglect. Please be aware that information relating to your treatment (therapy notes) may be communicated to your primary care doctor, your Insurance and Behavioral health company, EAP, and your referral source. Please have your records sent to this office if you have received mental health care in the past. You have the right to have records released to other agencies you specify in writing.

**APPOINTMENTS AND CANCELLATIONS:** Therapy sessions are generally 45-60 minutes long depending on your insurance. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit or accommodate you if you are on a cancellation list, due to a seemingly "full" appointment book. **If an appointment is not cancelled at least 24 hours in advance or No Show/No Call, you will be charged a fifty dollar (\$50) fee for the first occurrence which must be paid prior to reschedule; After the first occurrence, you will be charged for the full amount of the session and may be taken out of future schedule appointments until this fee is paid.** This will not be covered by your insurance company. Please be aware that clinicians are paid on a fee for service basis. This fee is due prior to your next scheduled appointment

INITIAL:

**PAYMENT AND INSURANCE:** Co-pays, deductibles and payment of services must be made at each session. **We do our best to check your benefit coverage prior to your session yet are subject to change. Benefits are only confirmed at the time claims are submitted.** We suggest that you contact your insurance company to find out what type of coverage you have. **We will submit a bill to insurances that we participate with, but you are ultimately responsible for payment if the claim is denied or insurance is terminated.** Your signature below authorizes your insurance to directly pay Summit View Counseling, LLC. You are financially responsible for all charges, regardless of your insurance coverage. There is a \$40.00 Return Check Fee for insufficient funds paid to Summit View Counseling, LLC. Non-payment of a balance may result in the use of a collection agency/legal action. Any fees associated with collection costs, legal fees, attorney fees, magistrate fees and court costs will be the responsibility of the client. I (client) acknowledge that in the event Summit View Counseling, LLC must take action with a collection agency and/or magistrate that I waive confidentiality in order for Summit View Counseling, LLC to collect all costs owed to them for services that are provided to me. The only information that will be released will be client's name, type of service provided and total amount due including collection costs.

INITIAL:

**REPORTS AND MEDICAL RECORDS:** Report preparation is not covered by insurance companies. It will be the clients responsibility to pay for any report preparation prior to the reports completion. Reports, such as, reports to the court, disability forms, social security, education, progress reports, custody evaluations, etc. There is a **\$25.00 charge** to forward medical records to another provider. Medical records copying standard fee may also apply depending on type of request.

**AFTER HOURS COVERAGE:** If the office is closed and you contact the office for a personal emergency or if a crisis arises, you will be directed **to call 911**, go to the **closest emergency room** for assistance. The phone number for **Lehigh County Crisis is 610-782-3127 and Northampton County Crisis is 610-252-9060.**

Patient signature (14 and older) \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature (under 18) \_\_\_\_\_

Date \_\_\_\_\_