Peace Counseling & Consulting, LLC
2631 NW 41st Street, Suite E-6
Gainesville, FL 32606

INFORMED CONSENT/TREATMENT AGREEMENT

*****Please review *Notice of Privacy Policies* document prior to signing*****

FEES: The fee per 1-hour session is $160. This is payable at the time of our session, unless I am billing your insurance, in which case you must pay your copayment and/or deductible at the time of the session.

CANCELLATION: You may be charged $75.00 for sessions missed or cancelled without 24-hour notice, except in the case of a medical emergency. If more than two no shows or late cancels occur, you will be billed the full fee for the session or you may be referred elsewhere for services.

INSURANCE: I can be an out-of-network provider for most insurance plans and can submit claims on your behalf. You will be responsible for any amount not covered by your insurance plan, including claims that are denied for any reason. I will notify you if I am aware of any changes in your coverage but you are ultimately responsible for staying up-to-date on your plan coverage and notifying me of any changes.

PLEASE SIGN IF USING YOUR INSURANCE:

"I authorize the release of any information necessary (including notes, treatment summaries, and diagnosis) to my insurance plan to process claims, determine medical necessity, or to request additional sessions."

_____ _____
Signature Date

"I authorize payment of benefits to my provider." _____
Signature

CONFIDENTIALITY: What you say in therapy, your records, and your attendance are all confidential. Exceptions include when your records are subpoenaed for legal reasons, when reporting is required or allowed by law (Ex. Suspected child/elder abuse or neglect, extreme danger to self, or danger to others), when you sign a release, and other exceptions outlined in my *Notice of Privacy Practices.*

EMERGENCY: Leave a message on my voicemail letting me know it is an emergency. You can then call the Alachua County Crisis Center for immediate support or assistance (352-264-6789) or call 911 in the case of medical emergencies.

ENDINGS: You may end therapy at any time, but a final phone call or session is requested for closure. It is my ethical duty to provide therapy only when your issues are within the scope of my training, when I feel you are actively participating in treatment, and when I feel you are benefiting from the sessions.

EMAIL: I do not do therapy by email. I prefer to use email only to arrange appointments. Please be aware that email is not a confidential form of communication.

CHANGES DURING THERAPY: After therapy begins and I have completed compiling your history, it is important to share with me changes in any of the following areas: medications you are prescribed or herbal remedies you choose to take, your physical health such as significant health issues or serious illness, changes in address, phone, or employment, and changes in your insurance plan or benefits.

DISCLAIMER: I am not responsible for care received from professionals I refer you to.

PRIVACY POLICY: By signing below you acknowledge that you have been offered a copy of my *Notices of Privacy Practices* for your personal records. My *Notice* provides information about how I may use and disclose your private health information. I encourage you to read it in full. My *Notices of Privacy Practices* is subject to change. The most up-to-date information is available on my website (www.PeaceCounselingLLC.com). If you have left treatment, you may obtain the revised notice by checking my website or by contacting me. If you have questions about the *Notice* or any of the above information, feel free to ask.

_____ _____ _____
Signature Printed Name Date