



## Counseling Agreement

We welcome you to Redwood Therapy Group, and are confident that your visits will be worthwhile. The following guidelines are important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling.

### **Confidentiality**

\_\_\_\_\_ We commit to keeping complete confidentiality, unless we learn of situations which we are required by law to report. These include: intent to harm oneself, intent to harm someone else, abuse of a child or abuse of a vulnerable adult. Included in your registration information is an Authorization for Release of Information form. Redwood Therapy group cannot release any confidential information without this signed authorization form, unless required by law.

### **Payment for Services**

\_\_\_\_\_ Our fees for services are \$120.00 for a 55 minute session and \$150.00 for the initial assessment. We require that payment of co-pay's for insurance be **paid on the day that the service is provided**. When requested, we can assist in billing for insurance or authorized payments from a third party such as a Bishop or other Clergy member. You should be aware that insurance companies require diagnostic labels and sometimes additional information. Some insurance companies require that you contact them for pre-authorization. There is a credit card fee of \$1.50 on all credit transactions.

### **Cancelation of Appointments**

\_\_\_\_\_ If it is necessary to cancel a scheduled appointment, a 24 hour notice is required. If an appointment is missed or you fail to cancel at least 24 hours in advance, except in an emergency situation, you will be charged \$65. 00. This fee will be charged to the client or guardian only and **not** to the insurance company or a third party such as a Bishop or other Clergy member.

\_\_\_\_\_ ***No Show/ Late Cancellation fee of \$65.00 WILL automatically be charged to the credit card on file attached to this account.***

### **Dignity and Concerns**

\_\_\_\_\_ Each individual has the right to be treated with respect and dignity. Discrimination of any sort is not tolerated by our agency. If you feel discrimination exists or if you have any other concerns, please call or make an appointment with the agency director, who will assist you.

### **Supervision of Children**

\_\_\_\_\_ Children must have adult supervision at all times in the office. Please bring another adult with you to watch your children if you are going to be in a session.

### **Benefits and Risks**

\_\_\_\_\_ Most individuals experience improvement and healing over the concerns that brought them to counseling, but of course there is not a guarantee and there may be some risks involved. Opening the door to painful issues can sometimes cause discomfort. On the other hand, gaining a greater awareness can lead to a path of healing.

Client/ Guardian signature \_\_\_\_\_ Date \_\_\_\_\_