CONSENT TO POLICIES AND PROCEDURES

Please put your initials in the blanks on this page to indicate that you have read and understood each section of the Policies and Procedures Agreement. Each blank should be completed. Return this page to Amanda J. Culver, LCSW and retain pages 1-4 for your records.

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initial here

I have read and understand the section on **Scheduling, Attending and Cancelling Appointments**. I understand that I must give 24 hours notice to cancel an appointment or a $25.00 fee for late cancellation or $30.00 fee for no-show of appointment will be charged.

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initial here

I have read and understand the section on **Telephone Calls.** I understand a $25.00 charge may apply for frequent or extended telephone consultations with my therapist.

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initial here

I have read and understand the section on **Email and Texting**. I acknowledge that my health information cannot be guaranteed to be secure and kept private through email and texting; therefore, it is the policy of Amanda J. Culver, LCSW not to use these forms of communication to discuss clinical issues.

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initial here

I have read and understand the section on **Expectations for Payment of Service**. I understand that payment in full, or if covered by insurance, co-pays / co-insurance amounts or deductible amounts are **due at the time of your appointment**. I understand that if my insurance plan fails to pay for any reason, I am responsible for full payment of the session(s) immediately upon being notified.

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initial here

I have read and understand the section on **Court Testimony.**. I understand that if I request my therapist to provide court testimony regarding my counseling, **I must pay a deposit of $500.00 - $2,500.00** toward expenses. This is payable at the time I notify the therapist that testimony may be needed. I understand that the court testimony rate is $200.00 per hour and that charges will apply for consultation with clients or attorneys in-person or by telephone, reproducing records, written reports, preparation to testify, travel time, expenses and mileage to and from the courthouse, time waiting to testify, and for actual time testifying before the court. The balance of any deposit not billed will be refunded. Your signature denotes your willingness to pay the required deposit.

Please complete the back of this page.

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I have read and understand the section on **Confidentiality**. I understand that there are some limits on confidentiality. If at any point my therapist reasonably believes that I am a physical or emotional danger to myself or others, I give him/her consent to contact the following person(s):

NAME ADDRESS PHONE RELATIONSHIP

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In the event of my death, I give my therapist consent to release my records to the following:

NAME ADDRESS PHONE RELATIONSHIP

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In the event of my therapist's incapacity of death, I give consent to Amanda J. Culver, LCSW to release my records to a therapist of my choice or to another licensed mental health counselor chosen by my therapist, Amanda J. Culver, LCSW.

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I have read and understand the section on **Privacy Practices**. I acknowledge that I have received a copy of the Notice of Privacy Practices. I give consent to my therapist, Amanda J. Culver, LCSW to use and disclose my Private Health Information as outlined and as clarified in the Notice of Privacy Practices. I also release and hold harmless my therapist, Amanda J. Culver, LCSW from any departure from my right of confidentiality that may result.

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I hereby grant **informed consent to treatment**. I voluntarily agree to receive mental health services for myself and family members noted below and authorize Amanda J. Culver, LCSW to provide such mental health services considered necessary and advisable to myself and other listed below:

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I understand and agree that I will participate in the planning of my therapy and that I may stop such therapy, I receive through my therapist at any time.
I agree to discuss with my therapist any questions or concerns I have about my therapy and to schedule a closure session when therapy ends. Should a dispute arise between me and my therapist, Amanda J. Culver, LCSW, I agree to good faith mediation to find a resolution.
I consent for my therapist and personnel of Amanda J. Culver, LCSW to communicate with me by mail and phone at the following location, and agree that I will IMMEDIATELY advise the office in the event of any change:

ADDRESS PHONE

____

By my signature below, I confirm my understanding of and my consent to the stipulations set forth in this Policies and Procedures Agreement.

____

Client (or parent/guardian if client is a minor) Date

____

Client's Address Client's Social Security Number

as witnessed by:____

for Amanda J. Culver, LCSW Date