

**A New Start Counseling Center, Inc.
Statement of Understanding**

Patient's Consent

I consent for my therapist to disclose my protected health information (PHI) as required by my insurance company. Furthermore, if my insurance company requires coordination of care with my Primary Care Provider (PCP), I consent for my therapist to disclose my protected health information to my PCP. I have read *A New Start Counseling Center, Inc.'s Policies and Practices to Protect the Privacy of Your Health Information*, and I both understand and approve of its content.

Financial Responsibility

A New Start Counseling Center, Inc. will assist you in completing and filing any insurance forms which may be utilized for payments for services; however, you maintain full responsibility for paying all charges for services rendered. You will need to provide all required insurance information when checking in for services; all primary and secondary insurances must be identified, and you will need to update any changed insurance information immediately upon the date of change. All co-payments and unsatisfied deductibles are to be paid at the time services are rendered. Medicaid cards must be presented before services can be rendered. *A New Start Counseling Center, Inc.* does accept payment by cash, check, Visa, MasterCard, and Discover.

Therapists reserve the right to charge their hourly rate of \$120 per hour under the following circumstances: returning phone calls to clients and their attorneys, completing affidavits, and writing letters on behalf of clients.

A New Start Counseling Center, Inc. has an after hours "On Call" therapist to assist with emergency situations. The fee for this service is charged by the individual therapist who is "On Call" at the time the call is received. Please be sure your call is a life threatening emergency when choosing this option. Thank you for your assistance.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail or during your next session.

Cancellation Policy

In the Event of an emergency, you will not be charged for session cancellation. Cancellations for any other reasons that are not received by center staff at least 24 hours prior to the scheduled session will be billed at the usual hourly rate of \$120.00. Your insurance company will not pay for missed appointments.

Printed Name of Client

Witness

Signature of Client and/or Guardian

Date