

Outpatient Services Contract - Signature Page

Your signature indicates that you have read our Outpatient Services Contract and agree to enter therapy under these conditions. It also means that you are aware of our fees and updated payment practices. Your signature below indicates that you are making an informed choice to consent to therapy with Urban Healing Counseling, PLLC. You acknowledge that this consent is truly voluntary and is valid until revoked. You understand that you may revoke this consent at any time. You understand that no specific promises have been made to you by Urban Healing Counseling, PLLC or your respective therapist about the results of treatment, the effectiveness of the procedures used by your therapist, or the number of sessions necessary for therapy to be effective.

Electronic Communications Policy

You acknowledge that you have read and understood the policy regarding communication with (both to/from) Urban Healing Counseling, PLLC or your respective therapist via electronic methods. You give consent for us to contact you via the email address you provided. You also give us consent to email you our newsletter.

Initials: _____

Notice of Privacy Practices

You acknowledge that you have been given the opportunity to read a copy of the Notice of Privacy Practices for Urban Healing Counseling, PLLC. Additionally, copies are available to you in the waiting room or from my therapist (by request).

Initials: _____

Rates & Payment

Initial Intake Appointment: \$75 / 60- 75 minute session,

Therapy Sessions: \$40.00 - \$60/ 50 minute sessions

Janaya Sadler's rate is \$60, Cassidi Long's rate is \$60, Nicole Johnson's rate is \$60

Interns/ Provisional/ Associate Licensed Therapists: \$40

Please note that the above fees are our regular fees. These fees are reviewed often and are subjected to change..Some health insurance carriers cover telehealth (telephone/online therapy). If your insurance plan does not cover teletherapy, it is your responsibility to pay our full rate per session.

Cancellations or missed appointments without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service. In addition, we do not bill secondary insurance.

Acceptable forms of payment include cash, check, Health Savings Accounts (HSA)/ Flexible Spending Accounts (FSA) and major credit/debit cards. Payment is expected at the time of service. If your check is deposited and returned for insufficient funds we will charge you a \$25 fee. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service. If your account is sent to collections you will incur additional charges associated with collections, including costs and reasonable attorney's fees. We reserve the right to temporarily suspend scheduling further appointments or terminating your care if an outstanding balance is not paid and/or payment arrangements are not made and complied with.

Initials: _____

Insurance

We accept some Blue Cross Blue Shield policies/plans. If you have BCBS , it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. We will file claims to BCBS on your behalf. sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

Initials: _____

You have read and agree to the terms in the outpatient services contract.

Client Name:

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Guardian Signature (if applicable): _____

Date: _____