



Informed Consent for Treatment, Office Practices, Payment Agreement, Fee Schedule

New Client: Welcome! Thank you for choosing to start counseling. This information is relevant to your treatment and payment policies. I will answer any questions you have regarding any of these policies.

Aims and Goals: The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

- a. Increasing personal awareness.
- b. Identifying personal counseling goals.
- c. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
- d. Promoting wholeness through various forms of psychotherapy and/or spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective counseling. You are expected to play an active role in your counseling. There may also be negative consequences toward your counseling goals if you do not follow through with recommended treatment.

You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between appointments than on what happens in the appointments.

At the first appointment, I will receive general information about the counseling I am considering. Additionally, I will be given the opportunity to ask questions or make comments regarding my counseling treatment and any questions will be answered.

I hereby seek and consent to take part in treatment by Sonjia Serda, LPC. I understand developing a treatment plan with my therapist and regularly reviewing our work toward meeting treatment goals are in my best interests. I agree to play an active role toward meeting treatment goals as agreed upon.

I understand no promises have been made to me regarding treatment results or outcomes, or of any procedures provided by the therapist. I may discontinue counseling at any time and will discuss with my counselor before I do.

If I terminate treatment services, I will still be responsible for paying for services already received. I understand I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I may be faced with a legal charge).

I know I must call to cancel an appointment at least 24 hours before the appointment. Cancellations or not showing up may be addressed as a therapeutic concern. If a 24-hour notice is not provided, I may be charged \$50 per missed appointment, these charges are not reimbursed by insurance. Appointments are usually scheduled for 50 minutes. Clients are generally seen weekly or more/less as needed/requested. In the event of an emergency, I will call 911 first or go to my nearest emergency room. My counselor may be reach at 307-214-6745.

Issues discussed in counseling are important and are generally legally protected as both confidential and privileged. However, there are **limits to the privilege of confidentiality**. Exceptions include number 1) suspected abuse or neglect of a child, elderly person or disabled person. 2) when your counselor believes you

are in danger of harming yourself or another person or you are unable to care for yourself. 3) if you report that you intend to physically injure someone, the law requires your counselor to inform that person and the police. 4) If your counselor is ordered by a court to release information as part of a legal situation. 5) when your insurance company is involved, i.e., in filing a claim, insurance audits, case review or appeals, etc. 6) in natural disasters whereby protective records may become exposed. 7) other situations required by law. I may be asked to sign a Release of Information so that my counselor may speak with other mental health professionals or to family members.

Record Keeping: A clinical chart is maintained describing your condition, your treatment and progress, fees and dates of service, and notes describing each therapy appointment. Your records will not be released without your written consent, except in situations already described. Medical records are locked at and kept on site.

I am aware an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), diagnoses, and providers of any services or treatment I receive. I understand if payment for services is not made, my therapist may stop my treatment. I also understand relevant information about my services may be released to collection agencies, attorneys, or others necessary for the collection of fees for unpaid fees. Credit for services is not available. I will be responsible for collection fees.

I understand and agree payment for all services is my responsibility. The undersigned (client) requests payment of authorized benefits for services furnished by Sonjia Serda, LPC be made directly to her or Breakthrough Counseling. In the event the undersigned (client) is paid directly by an insurance company, the undersigned (client) agrees to promptly pay Sonjia Serda. **Payments and co-pays are due at time of service. It is your responsibility to know your insurance coverage and receive appropriate pre-authorizations and your co-pay requirements if applicable. Breakthrough Counseling, Sonjia Serda provides insurance billing as a courtesy to you.**

I have a right to have my complaints heard and resolved in a timely manner. If I have a complaint about my services, I will inform Sonjia Serda, Policy Officer immediately. If I do not feel the complaint has been resolved, I may contact the Professional Licensing Board, State of Wyoming.

Fee Schedule (Most Common Services)

Initial Intake billed to insurance (CPT 90791): \$225.00

Full Session billed to insurance, 50 minutes (CPT 90837): \$180, 15 minutes (CPT 90785) \$45. Some insurance plans do not pay for more than a 90837, if they do, they only pay for (1) unit of 15 minutes.

Most insurance companies do not reimburse for more than a standard 50-minute appointment. Private-Pay for 50 minutes is \$125.00 per hour, due at each appointment **if insurance is not used. If insurance is used, this rate of \$125.00 per hour will be charged at each appointment while waiting for insurance to determine payment. If your insurance determines a patient responsibility amount or a co-insurance amount is owed, you are responsible for that amount, which may be above and beyond the \$125.00 charge to meet the full rate of \$180.00 or \$225.00.** After a 50-minute appointment, increments of 15 minutes are billed according to per hour fee, i.e., 15 minutes is \$45.00 if insurance is used, \$31.25 if no insurance is billed.

I do not bill Medicaid or Medicare. If one or both of these are your primary insurance plans, you should seek a counselor who bills these.

Please discuss fees with Sonjia Serda if insurance will not be billed

_____ Initial here if you **DO NOT** want insurance to be billed for counseling services and you are agreeing to pay fees in cash, check or credit card. If you use a credit card, an additional payment form to provide the card information will need to be completed.

_____ Initial here if you **DO** want insurance to be billed for counseling services with the understanding you are still responsible for all fees incurred, such as copayments and patient responsibility costs. If your deductible is unmet, your insurance will not pay any amount. I will submit claims or give you a receipt to be applied toward your deductible.

_____ Initial here if your services will be paid for through an Employee Assistance Program (EAP). Once your authorized appointments are completed, it will be your responsibility to contact your EAP Administrator to receive more if you wish. Please discuss this with Sonjia Serda to make sure she is still accepting EAP payments. At this time, the only EAPs I accept are FEI or Cigna.

My signature indicates I understand and agree with all the statements in the Informed Consent for Treatment.

Printed Client Name

Date of Birth

Signature of Client (or person acting for client)

Date

Printed Name of person acting for client

Relationship to client (parent, other)

I, Sonjia Serda, LPC, have discussed the matters above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe this person is not fully competent to give informed and willing consent to receive treatment services from me and fully execute all aspects of this document.

Sonjia Serda, LPC- WY#918

Date

Copy accepted by client

Copy kept in client file

This is a strictly confidential patient medical record. Federal and state laws expressly prohibit re-disclosure or transfer, except for applicable statutes, rules, and regulations.