



ACKNOWLEDGMENT OF RECEIPT OF OFFICE POLICIES and CONSENT FOR TREATMENT

I, _____ (client), have received access to and agree with this office's policies. I understand that by signing this document I consent to treatment for the client (myself) as explained in the Office Policies. In particular, I understand and agree to comply with the following:

_____ Initial
Since scheduling of an appointment involves the reservation of time specifically for me, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, a **\$50 fee will be charged for sessions missed without such notification due at the beginning of the next session.** Most insurance companies do not reimburse for missed sessions. In the case of clients whose insurance policy does not allow the client to be billed for a no show fee (e.g., Medicaid), after the first no show, we will discuss barriers to attending your appointment. After the second no show within a year from the first, we will continue discussing barriers to attending your appointments as well as if therapy is a priority. After the third no show within a year from the first no show, I will help you find alternative services for your treatment and terminate our therapy relationship.

_____ Initial
As indicated in the section "Health Insurance and Confidentiality of Records," you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. **It is your responsibility to verify the specifics of your coverage. You are responsible for any services rendered not covered by your insurance company.** If you have not paid your bill within 90 days of receiving it Pathways to Wellness, LLC reserves the right to send your bill to a collections agency to recover the cost of services provided. Prior to doing so, you will be notified and given an opportunity to work out a payment plan.

_____ Initial
Maintenance of Client Records: By Colorado law, Pathways to Wellness, LLC will maintain adult client records for seven years following the date of the client's last session after which time said records will be destroyed. For child and adolescent clients, Pathways to Wellness, LLC will maintain child/adolescent client records for seven years following the child/adolescent's eighteenth birthday not to exceed a total of 12 years following the last day of treatment

Signature: _____

Relationship to client: _____ Date: _____

It is your right to refuse to sign this document.

FOR OFFICE USE ONLY:

The reason that a standard acknowledgment (such as the above) of the receipt of the office policies was not obtained:

____ Patient refused to sign

____ Communication barriers prohibited obtaining the acknowledgment.

____ An emergency situation prevented this office from obtaining it.

____ Others: _____