WELCOME TO ARBOR COUNSELING CENTER

Thank you for choosing Arbor Counseling Center as your provider. Please carefully review the following information and provide appropriate signatures.

HIPAA: Arbor Counseling Center follows all federal HIPAA laws. A Notice of Privacy Practices is available upon request.

Confidentiality: We agree to abide by all legal and ethical standards regarding confidentiality. We will not disclose information about you, or even confirm your participation in services, without your written consent. The following are possible exceptions:

- Court Order
- Clear and present danger to self or others
- Suspicion of child abuse
- Information required by insurance companies or EAPs for client reimbursement

Attendance and Costs: A typical counseling session is 45-60 minutes in length. The fee for the initial session is $200.00. Subsequent sessions are $185.00. Fees may vary due to contracted or negotiated rates.

1. If you are utilizing your insurance, we will bill your insurance company directly; however, your insurance policy is a contract between you and your insurance carrier. **You are responsible for all charges not covered by your carrier.** Please be aware that your co-pay is due at each session and that you are responsible for the full session fee if you have not met your deductible.
2. **Arbor Counseling Center is not a Medicare/Medicaid provider.** If you are using a secondary or supplemental insurance and your claim is unpaid, you are responsible for the balance.
3. EAP-approved sessions will be exempt from payment.
4. Payment can be made by cash, check, or credit card. A $50.00 minimum per credit card transaction is required. We ask that you provide a credit/debit card to keep on file. Please let your therapist know if you would like to pay by credit card. We will only utilize your credit card with your permission or if there is an unpaid balance for over 30 days.
5. Additional costs may be incurred for services beyond session fees. These may include writing of reports or appearances outside of the office. These services will be charged at our hourly rate of $185.00. Insurance rarely covers these services.
6. **CANCELLATION POLICY:** Once you agree to an appointment time, that time is reserved between you and your therapist. In the event you cannot keep that appointment, **24 hour notice is required**. If 24 hour notice is not given, a fee equal to your session charge will be assessed.

I have read the above statements; I agree to the aforementioned guidelines and give consent to begin counseling services.

Client's Signature_____ Date_____

Parent's Signature_____ Date_____
(If client is under 18 years old)

CREDIT CARD INFORMATION

I, _____, **agree to pay all fees related to services.**

Credit Card MasterCard _____ Visa _____ Discover_____

Card# _____

Expiration Date: _____ 3 Digit Code on back of card: _____

Cardholder's Signature_____ Date_____