PINNACLE
Mental Wellness Group
A Counseling Community

130 E. Leland, Suite C
Pittsburg, CA 94565
Main Line: 925.384.3997
Fax: 925.252.1618
www.PinnacleMentalWellness.com

Informed Consent - Counseling

Welcome to Pinnacle Mental Wellness Group; I look forward to beginning work with you or continuing our work together. The following are some guidelines that clearly outline the important aspects of our therapeutic process. Please familiarize yourself with the following items and initial to demonstrate that you understand and accept each item as part of your therapy contract. Thank you.

Client Initials

Session Times and Fees

_____ All standard counseling sessions are 45 minutes in length. The standard fee for a 45 minute sessions is $_____ per session. In the event that the session runs longer, an additional fee will apply at a prorated rate.

_____ All EMDR counseling sessions are 90 minutes in length; which equals a double session. The standard fee for a 90 minute session is $_____ per session. In the event that the session runs longer, an additional fee will apply at a prorated rate.

_____ All Neurofeedback sessions are 45 minutes in length. The standard fee for a 45 minute Neurofeedback session is $125 per session. In the event that the session runs longer, an additional fee will apply at a prorated rate.

_____ Often times, couples counseling and family counseling sessions are 90 minutes in length; which equals a double session. This allows ample time for each person to talk and process. The standard fee for a double session is $_____ per session. If you need a couples or family session your therapist will let you know.

_____ At Pinnacle Mental Wellness Group we require payment at the time of service; **which means that clients pay for the service at the time of service**. **For business and practice purposes, this is not negotiable.** Acceptable forms of payment are: cash, checks (made out to Pinnacle Mental Wellness Group or PMWG), and credit card (VISA, MasterCard, Discover, American Express).

_____ If your child attends sessions without you (a different person brings him/her to session who is not responsible for payment), please 1) make sure that we have a credit card on file so that our billing person can bill the session charge to your card for each session, or 2) send payment with your child for each session. In this way, your bill will not accrue and treatment will not have to be interrupted.

Client Initials

Insurance Information

_____ At times health insurance does cover mental health benefits. Each client is responsible to call their insurance company to determine their benefits and eligibility. Please see the Insurance Worksheet on our website for a step-by-step guide about how to do this. Regardless of determinations made by insurance companies, clients are responsible for full payment of fees in a timely manner. Clients are

required to pay for sessions **IN FULL AT THE TIME OF THE SESSION**. Insurance companies will then reimburse the client.

_____ Additionally, as a courtesy to our clients, we can provide you with a super-bill (a bill that outlines diagnoses, dates of service and the fees that you have paid) to submit to your insurance company so that you can be reimbursed for the counseling services that you have already paid. If you would prefer, we can mail the bill directly to your insurance on your behalf.

___ Yes, I would like Lighthouse/Pinnacle billing to mail the bill directly to my insurance on my behalf.

___ No, do not submit my bill to my insurance.

_____ Before providing reimbursement, insurance companies customarily require that clients be given a formal, mental health diagnosis. Upon request, the therapist will discuss diagnoses with clients **BEFORE** providing this information to an insurance company. You need to be aware that any diagnosis made will become a part of a client's permanent medical/insurance records.

_____ All co-pays are due at the time of service.

_____ Clients are responsible for notifying our office in writing of lapse of insurance coverage. If you do not notify us and you attend sessions, you are responsible for all sessions not covered by your insurance.

Client Initials

Cancellations and No-Shows

_____ When we schedule an appointment time for you that time is set aside specifically for you. If you are unable to make your appointment time we request a 24 hour notice of cancellation/reschedule. Often times there are patients waiting for appointment times. If you let us know in a timely manner about your cancellation we can offer this time to someone else.

_____ We require a 24 hour cancellation notice for missed appointments. In the event that you do not provide 24 hours notice you will be charged a minimum of $50 for the missed session. The exceptions to this are serious illness, accidents, or situations beyond the client's control. Charging for "no shows" or last-minute cancellations is not a punitive measure but a practical business policy. If you provide notification in advance of not being able to show for your appointment we can offer that appointment time to another client who is on a waiting list to be seen.

_____ Those clients who are covered by CCHP, VOC, or an EAP will also incur a no-show fee for cancelling with less than 24 hours or for no-show. This is a fee that is not covered by insurance, therefore, needs to be paid directly by the client.

_____ Please be aware that your therapist will be unable to continue seeing you for scheduled sessions if you no-show for three consecutive appointments. Your file will be closed and a letter notifying you of this will be sent to the address listed on your intake paperwork.

Client Initials

Unpaid Balances:

_____ If a check is returned for insufficient funds, a $35 bank fee will be imposed and added to the outstanding bill.

_____ Accounts that are more than 60 days past due will accrue a 3% interest charge in order to cover the additional billing fees that are generated by overdue bills.

_____ Accounts that are more than 120 days past due are subject to being handled by a collections agency that we contract with.

_____ Please be aware that your therapist will be unable to continue seeing you for scheduled sessions once you accrue an overdue balance of $300. Your file will be closed and a letter notifying you of this will be sent to the address listed on your intake paperwork.

Client Initials _____

Phone Sessions:

With prior arrangements, clients may choose to hold sessions over the phone. This will be at the therapist's discretion. All phone sessions, once approved by the therapist, must be scheduled in advance; just like an in-office session.

Client Initials _____

Confidentiality:

All information shared in a session will be kept confidential. However, due to state and federal laws, your therapist may be required to reveal certain information under the following circumstances:

- If your therapist suspects from something a client says that a child or elder has been (or will be) abused or neglected.
- If your therapist suspects from something a client says that the client intends to harm him/herself or another person.
- If a judge orders the therapist to release information.
- If you sign a release allowing the therapist to release information to a person that you designate.

Client Initials _____

Record Keeping:

A clinical chart is maintained describing your condition, your treatment, progress in treatment, dates and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section of this document. Your records are stored in a secured manner to protect your confidentiality.

Client Initials _____

Treatment of Minors:

Pinnacle Mental Wellness Group does provide counseling to minors, defined to be individuals under the age of 18. If a parent/legal guardian is bringing the child in for services, the consent of both parents or legal guardians is required, except as otherwise determined by law. Additional documentation of guardianship might need to be provided in certain circumstances, such as divorce, before treatment can begin.

Client Initials _____

HIPPA Compliance:

I have been offered a copy of the HIPPA Compliance guidelines for Pinnacle Mental Wellness Group

___ I accepted the copy of the HIPPA Compliance guidelines.

___ I denied the copy of the HIPPA Compliance guidelines, but I am aware of the guidelines.

If you have any questions about the above items please discuss them with your therapist before signing this document. By initialing each item above and by signing below you are indicating that you have read and understand this contract, and that any questions you may have had about this statement have been answered to your satisfaction.

_____ _____

Client Signature or Legal Guardian | Date

_____ _____

Printed Name and Relationship to Client | Contact Phone Number

_____ _____

Therapist Signature | Date