



Revive
Therapeutics
Repair · Recover · Thrive

[\(860\) 494-3800](tel:(860)494-3800)

DISCLOSURE, TREATMENT AND FEE AGREEMENT

M.A. in Social Work (2017)

Licensed Clinical Social Worker (2020)

CLIENT RIGHTS AND IMPORTANT INFORMATION

Method of Treatment: You may receive information about the methods of treatment, techniques used, duration of therapy if known, and the fee structure. At any time, you may seek a second opinion or terminate treatment. Please be advised that in a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Sessions and Fees: Sessions are billed by the 45-minute hour at a rate of \$100 per session. The initial evaluation session is \$115 (60 min) and \$130 (90 min). Payment for each session is due at the time of each therapy session. If you carry mental health insurance, arrangements will be made for payment of services from the insurance company and you will be held responsible for deductibles, co-payments, non-covered services, or unpaid balances. You will be billed \$100 for any missed session unless you cancel at least 24 hours prior to your scheduled session. There is a \$30 processing fee for checks returned "non-sufficient funds."

Confidentiality: Sessions are confidential. Information regarding treatment may be shared with a third party only with written consent from the client. Exceptions to confidentiality include when the client is in imminent danger of harming self or others, or when child or elder abuse is suspected. In the case of working with minors, legal guardians will know about the treatment, though privacy will be respected as much as possible. When treating couples and/or families, confidentiality among family members is not a guarantee.

Emergencies: In a mental health emergency, dial 911 or go to your nearest urgent care or emergency center. Paging the therapist regarding an urgent matter is available provided your call back number is not blocked. Urgent calls are returned within the hour.

I have read the preceding information. It has also been explained to me orally by the therapist, and I understand my rights as a client or as the client's responsible party. I agree to the conditions stated above, including policies regarding fees, insurance, cancellation, confidentiality, crisis coverage and client rights.

Print Client's Name: _____

Client's or Responsible Party's Signature: _____

Date: _____

If signed by Responsible Party, please state the relationship to client and authority to

consent: _____

Witness: _____ Date: _____