



CLIENT STATEMENT OF UNDERSTANDING

I understand that while it is Pittington Counseling Service’s policy to file claims as a courtesy for me, payment for ALL services are my responsibility regardless of whether they are covered by insurance, and I agree to pay for all services rendered. Payments are due at the time of service.

I understand and agree to assign all benefits due from any insurance company to this counseling facility. I authorize the release of all Personal Medical Information (PMI) and records to process my insurance claims. I further agree to follow all the guidelines of my insurance in obtaining and acquired authorization for treatment and payment.

I understand and agree that the first office visit is purely for evaluation purposes. While I expect to benefit from this treatment, I fully understand that outcomes cannot be guaranteed. I also understand that my therapist is not required to continue to treat me and that both patient and therapist are free to discontinue services at any time and with proper notice.

I agree to provide 24-hour notification of cancelation of any appointment that I cannot make. Failure to provide 24-hour notification of cancelation or missed appointments will result in a \$30.00 No Show Fee. I understand that if I fail to correctly cancel my appointments for 2 consecutive visits that I will lose my reoccurring appointments and will need to contact the office to set up new appointments. Any or all fees are to be paid before any future appointments can be scheduled.

I understand that checks returned for ANY reason are subject to a returned check fee of \$35.00 and that checks will no longer be accepted as payment for future visits.

Pittington Counseling Services is available for EMERGENCY calls 24/7 or will PROVIDE COVERAGE for same.

EAP sessions by Statement of Understanding are free and confidential. Depending upon contractual obligations, EAP clients may need to be referred to other clinicians or may choose to continue with Pittington Counseling Services. Please feel free to discuss any questions you may have.

Self-pay Clients are charged and initial evaluation fee of \$125.00/hour. If need exists, reduced rates can be negotiated. Please feel free to discuss your concerns/questions.

If you are more than 15 minutes late to your appointment the therapist has the right to have your appointment rescheduled to a later date due to them needing to stay on schedule for other patients that they have scheduled for that day.

All Insurance and EAP Patient sessions are 50 minutes in length.

All patients can request additional time at 30 minutes increments at \$85.00/hour. Phone sessions during work hours are similarly charged. After hours, weekend and holiday phone sessions are charged at \$100.00/hour. These can be scheduled as needed and as Pittington Counseling Service’s schedule allows.

Print Client Name

Date

Signature (Client or Parent/ Guardian)

Date

Witness Signature

Date