Outpatient Services Contract

INFORMED CONSENT

Sarah B. Gentry, LMHC, CAP. CRRA 105 S. Narcissus Ave Suite 808 West Palm Beach, Fl 33401

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

Sessions

I normally conduct an evaluation over my initial sessions with a client. During this time, we can both decide whether I am the best person to provide the services you need to meet your treatment goals. If we decide to continue counseling together then we will schedule one 50-minute session per week at the time we agree upon. Sessions may be longer or more frequent if needed. Sessions may be conducted in your home or offices, in which case, this contract remains in effect.

Professional Fees

My hourly fee is $275.00 per hour. Initial consultation and evaluation is $400.00 and includes a session for 1.5 hours. In addition to weekly appointments, I charge this amount for other professional services you may need. Other services may include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, and any involvement in legal proceedings that require my participation. Payment is due at the time of the session. If you are not the person that is financially responsible for your account then payment arrangements can be made in advance of your sessions.

Cancellation Policy

If you must cancel or reschedule your appointment, I respectfully ask that you give me 48 hours' notice. Cancellations or missed appointments without 48-hour notice will result in a charge for the full session fee.

Contacting Me

I am often not immediately available by telephone. When I am unavailable, you may leave a message on my voicemail which I check frequently. I will make every effort to return your phone call on the same day, except for weekends and holidays. If you are difficult to reach, please inform me of the times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

Texts or Emails

Please refrain from texting or emailing other than scheduling appointments. In the case of an urgent matter, please leave a voicemail and I will return your call as soon as possible.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a summary of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents to limit their access to your records. If they agree, I will provide them with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of any concerns. I will also provide them with any concerns. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have about what I am prepared to discuss.

Good Faith Estimate

Under the law, healthcare providers need to give clients an estimate of their billing if they are not insured or are not planning on using their insurance with this service. If you have health insurance and wish to use your health insurance for services, please understand that I do not contract with health insurers, therefore you will need to seek another mental health clinician.

A good faith estimate for the cost of services from this clinician is required to be provided. Each 50-minute session will cost $275.00. Total Annual Cost is $14,300 if you attend weekly sessions for one year.

Confidentiality

In general, the law protects the privacy of all communications between a client and a counselor, and I can not share information about our work with others without your written permission.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment.

For example, if I believe that a child or elderly person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective action. If the client threatens to harm themselves, I may be obligated to seek hospitalization for the client and to contact family members or others who can help provide protection.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature: _____

Name (printed): _____

Signature of Minor Client: _____

Signature of Parent: _____

Signature of parent or financially responsible party:

_____

Date: _____