

SIGNATURE PAGE

CONSENT TO PROVIDE TREATMENT

I have read (or had read to me) the “Information for Clients” handout or website information provided by Richard Cook, M.Ed, LMFT and hereby consent to services provided to me and/or _____ for whom I have legal responsibility. My signature below provides consent for treatment.

CONFIDENTIALITY

I have read (or had read to me) the “Confidentiality” handout or website information regarding confidentiality. My signature below acknowledges my understanding of the above information and acceptance of these terms.

CONTRACT FOR PAYMENT

Unless otherwise specified, the fee for each forty-five minute session (individual, couples or family) is one hundred twenty dollars (\$120). This fee is also applied to the time involved for additional services, i.e.; **reports, phone consultation, etc.**
TERMS

- 1. I agree to pay for all services and expenses not covered by a third party (I.e., insurance, EAP, etc.)
- 2. I recognize I am responsible for paying any deductible that my insurance does not cover. Unmet deductibles will be paid at the time expenses are incurred.
- 3. I agree to pay my co-payment at the time of service (if I utilize insurance, otherwise I agree to pay the full fee at the time of service).
- 3. I have contacted my insurance company in the event I am using insurance, to verify coverage for outpatient mental health services provided by a licensed marriage and family therapist. My annual deductible is \$ _____ and the amount unmet on my deductible is \$ _____. My co-pay is _____.

Verification of my insurance may be obtained by contacting: _____.

4. I agree to pay for sessions that I do not keep or cancel without 24 hours notice, before re-scheduling my next appointment. I recognize I am responsible for payment for services provided. Insurance coverage may or may not reimburse for these services and I am ultimately responsible to pay for the services received.

I, _____, assume financial responsibility for the services provided to me and/or _____ by Richard Cook, M.Ed.,LMFT. I agree to abide by the terms listed above.

The following signatures acknowledge acceptance of the previous information in *CONSENT TO PROVIDE TREATMENT, CONFIDENTIALITY, and CONTRACT FOR PAYMENT.*

Signatures:

_____ Date: _____

_____ **Date:** _____

_____ Date: _____