

Counseling Specialists

412C East Longview Drive Appleton, WI 54911 (920) 882-9877

CONSENT TO TREATMENT

I and/or members of my family will be receiving therapy at Counseling Specialists beginning on this date. All policies, procedures and possible alternative methods of treatment have been explained to me by my therapist. I have been informed of my client rights and authorize Counseling Specialists to provide mental health/alcohol and drug-abuse services identified as appropriate. I have been informed of the benefits of proposed treatment, the way the treatment is to be administered, any side effects which are a reasonable possibility, including risk of side effects from medications. I have also received information regarding alternative treatment methods and probable consequences of failure to receive treatment. This consent remains in effect for 15 months and may be withdrawn by written consent at any time. I am aware that my case will be periodically reviewed by Counseling Specialists, consulting psychologists and affiliated staff members. Your file may also be reviewed by state or federal regulation compliance agencies, and may be requested by your insurance carrier for claims processing. I authorize Counseling Specialists to submit claims to my insurance carrier on my behalf. Our agency does not accept health insurance for co-parenting therapy.

Counseling Specialists is an out-patient behavioral health clinic which utilizes the following fee schedule:

Initial Intake Assessment (50-60 min)	_____	\$200
Co-parenting Intake (50-60 min)	_____	\$225
Individual Client Session (up to 60 min)	_____	\$140
Co-parenting Session (up to 60 min)	_____	\$175
Individual Client Session (up to 45 min)	_____	\$130
After-Hours/Weekend & Crisis Therapy (60 min)	_____	\$175
Crisis Therapy (add'l 30 min)	_____	\$90
Family or Couple Therapy Session (up to 60 min)	_____	\$150
Telephone Consultation (15 min or more)	_____	\$35-\$140
Letter/Professional Consultation (per hour)	_____	\$140
Court Testimony/Preparation/Consultation—Separate Fee Agreement		

FAILURE TO GIVE 24 HOUR NOTICE OF CANCELLATION WILL RESULT IN THE CHARGE OF AN HOURLY RATE, (emergency or illness excused). This will be charge to you directly and will not be covered by insurance.

I have received a copy of the YOUR RIGHTS AND THE GRIEVANCE PROCEDURE pamphlet from a Counseling Specialists member.

Client Signature _____ Date: _____

Print Client Name _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Therapist Signature _____ Date: _____