



**Monica Rodriguez Counseling LLC
Oconomowoc, WI 53066**

CONSENT FOR TREATMENT

Client Name: _____ **Client DOB:** _____

Payment Policy

Payment is required at the time of service. Payment options include, cash, checks and credit cards (Visa, MasterCard, Discover, American Express, Debit Cards processed as Credit and HSA/FSA/MSA Cards). Other payment options, such as sliding fee scale arrangements based upon your income, should be discussed prior to your first appointment. Please be prepared to make your payment at the beginning of each session. **COLLECTIONS:** Past due accounts will be turned over to our collection agency/attorney. All fees incurred by this action will be the responsibility of the client.

Rates/Fees

Initial Appointment (Intake – 60-90 minutes): \$200
Follow-up Appointment(s) (45-60 minutes): \$150

Late Cancelled Appointments and Failure to Show for an Appointment

My policy requires 24 hours notice for cancellation of any appointment. You may call and leave a message on voicemail, which will time stamp the call. If cancellation of an appointment is not received on time, the full fee will be charged. An invoice for payment will be emailed to you, payment of which is due before your next scheduled appointment. Failure to show up for a scheduled appointment will result in the same charge and process for billing and may be cause for termination of services.

Clients Rights and Confidentiality

Your treatment and care will be kept confidential. I acknowledge that I have received a copy of and have read Monica Rodriguez Counseling, LLC’s “Client Therapist Agreement” and “HIPAA Notice of Privacy Practices”. I have been made aware of how my Personal Health Information may be used and disclosed. Information about you will only be released with your written consent, except in situations that are required by law or in cases in which you have been referred or ordered by the Court. By law, I must release information in situations of: (1) abuse or neglect of children; (2) abuse or neglect of the elderly; or (3) cases of probable suicide or homicide. In these cases, your provider may need to take steps to protect people from harm or to warn them such as: (1) contacting a family member; (2) contacting a public agency; or (3) arranging for hospitalization.

