

NEW SOURCE COUNSELING CENTERS

Agreement for: _____ Date: _____

THE STANDARD RATE FOR COUNSELING SERVICES IS \$150 FOR THE INITIAL SESSION, \$110 PER 50-MINUTE SESSION, AND \$75 PER GROUP SESSION. YOUR PAYMENT DUE AT THE TIME OF SERVICE IS _____.

This is the amount you will pay at the start of each session. New Source views your regular payment as an important part of your accountability and this directly affects the counseling process and your progress. Therefore, scheduling future sessions can be delayed if you have an outstanding balance. If there is any remaining balance due, you will receive an account statement reflecting that balance which is your responsibility to pay upon receipt. If balance due is not paid within 90 days, a collection agency may be utilized for collection of fees. A \$110 per hour fee will be charged for court, deposition, expert testimony, preparation of formal written report, etc., plus mileage as allowed under IRS rules.

TELEPHONE CONSULTATIONS ARE CHARGEABLE.

Should you feel it necessary between regular scheduled sessions to consult for reasons other than setting an appointment with your counselor by telephone, you will be charged a pro-rated fee that is payable at your next session.

LATE CANCELLATIONS/NON-SUFFICIENT FUNDS CHECKS ARE BOTH INCONVENIENT AND COSTLY.

The counselor will provide you an appointment card indicating the date and time of the next scheduled session. You are responsible for arriving at the counseling office at the appointed date and time. For cancellations with less than 24-hours' notice, you will be expected to pay that session's full fee at your next appointment. Cancellation message must be left on your counselor's telephone voice mail at 1-800-323-7174. Similarly, the administrative costs of insufficient funds checks requires a \$15 fee.

SUPERVISION OR CONSULTATION PROVIDES YOUR COUNSELOR WITH PROFESSIONAL CONFIRMATION.

Your counselor may be required under State law to be supervised by another professional. The supervisor will have knowledge of the content of your counseling sessions and the results of any testing. If you have questions or concerns about your counseling, you may speak with or meet the supervisor. This can be arranged through your counselor or through the New Source office. If your counselor does not require supervision, it is best practice to periodically consult with New Source colleagues about cases, and this may occur as a part of providing a team approach to giving you quality care.

PSYCHOLOGICAL TESTS HELP YOUR COUNSELOR TO BE MORE PRECISE AND EFFICIENT.

Testing is a customary part of the counseling process. The results assist your counselor in making more precise judgments about the nature and source of your issues, and in developing a quality plan for resolution. Test results are never used alone, only with the observations of the counselor and with the information shared by you. Any testing recommended and expenses related to testing will be thoroughly explained by your counselor.

CLIENT RIGHTS TO CONFIDENTIALITY AND MEDICAL RECORDS.

You, as the client, have a right to confidentiality of communications, and of all personally identifying information within the limitations and requirements for disclosure of various state or federal statutes, child and elder abuse law, unless release of information is specifically authorized by the client or legal guardian of a minor client or court-appointed guardian of an adult client in accordance with rule 5122.2-3-11 of the Administrative Code. You also have the right to have access to your records, as outlined in New Source's HIPAA policy manual.

YOUR HEALTH INSURANCE CLAIMS WILL BE PROCESSED BY NEW SOURCE.

After receiving your insurance coverage information, New Source will process your claims at our standard rates outlined above. Your signature below authorizes New Source to bill your insurance company and to receive reimbursement directly from them. New Source applies insurance payments to the total account balance. You will receive reimbursements if there is a credit after your account is paid in full. Your signature below also authorizes New Source to provide your insurance company access to our records pertaining to your treatment. You are expected to notify New Source of any changes in insurance status and to be responsible to monitor your own explanation of benefits from your insurance company.

I HAVE REVIEWED THE ABOVE INFORMATION AND CONSENT TO TREATMENT BY NEW SOURCE COUNSELING CENTERS AND THEREBY ACCEPT THE ABOVE RESPONSIBILITIES. I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE HIPAA POLICY OF NEW SOURCE COUNSELING CENTERS.

Client Signature: _____ Counselor Signature: _____