

Consent for Treatment and Office Policy

Consent for Treatment, Office Policy, and Office Billing and Insurance Policy

Consent for Treatment:

As the client and/or parent or legal guardian with the authority to consent on behalf of the minor child, I hereby give my consent to seek counseling from the professional staff associated with or employed by Trenton and Godeaux Counseling Services, LLC. The mental health professional responsible for my care has explained to me the proposed treatment information, the general nature and extent of the risks involved in the treatment, and alternative treatment options, if any.

Appointments:

It is your responsibility to remember the date and time of your appointments. If you are more than 15 minutes late, fail to show, or cancel without 24-hour notice, you may be charged for an administration fee of \$50.00. If you miss or cancel 3 or more appointments, you may be discharged from care at Trenton and Godeaux Counseling Services. New clients that miss or cancel 2 appointments will not be able to be seen at our office. Due to our policy, we strongly recommend that you keep the appointment information you are given as a reminder of the date and time of your appointments. As a courtesy to the clients, this office does send out reminders of scheduled appointment to remind of the appointment. Regardless of whether I get the reminder or not, I understand that I am still responsible for the appointment.

Data Privacy Notice:

All information received from you to the staff and providers of this clinic is used to help determine the type of service you need. Your cooperation is appreciated. If at any time, you feel uncomfortable providing specific information, please let us know so that we can explain why it is being requested. All information received by this office is confidential but include the following exceptions: 1) indication that you may hurt yourself or someone else, or 2) any indication of the possibility of child abuse is detected. Under two state mandates, we are legally obligated to break confidentiality.

The signature of the client or guardian below authorizes Trenton and Godeaux Counseling Services, LLC to release to an insurer, managed care company, or any agent or payor submissions thereof, relevant client information, including, but not limited to the following: date of appointment, provider, diagnosis, service provided, client's or insured's name, identification information, forms, or any other information needed to obtain authorization, certification or process your insurance information/claims or other payor. Your signature also authorizes the release of information to any referring physician/medication prescriber or person regarding your visit for a contact/thank you letter. Your signature also acknowledges your understanding that it is your responsibility to pay any deductible amount, co-insurance, or co-payment amount by the day and time of services are provided. Your signature also agrees that any fees that are not billable to insurance whether it is reports, court fees, depositions, or self-pay sessions will be paid by you prior to services being performed. It is your responsibility to sign any related. Other requests for information will require the client or guardian to sign an Authorization to Release form and will state the client's name, requesting party's name and reason for the request. By your signature below you authorize our office to designate an appropriate custodian to assume responsibility for your records in the event of your counselor's death, disability, or business closure.

Letters, Forms and Medical Records:

There is a charge for writing letters/reports. This charge \$150.00 per hour. The amount of this charge is determined by the provider and the amount of work to be done. A \$150.00 fee will be collected at the time of the request, and the balance will need to be settled before the letter can be released/ sent. Trenton and Godeaux Counseling Services, LLC request that you allow at least 7 business days from the receipt of this request for the letter to be written. Forms that need to be filled out will be a \$40.00 fee that will be collected at the time paper work is given. Please allow 7 business days for this to be taken care of.

There will be a charge for the request of medical records. The amount of the charge depends on what is needed and how many pages are included. There is a flat \$15.00 fee for handling. Trenton and Godeaux Counseling Services requests that you allow 7-14 business days from the receipt of this request for processing of records.

Financial Statement:

It is the policy of this office to receive payment at the time of service. Trenton and Godeaux Counseling Services, LLC will however, coordinate with your insurance company whenever possible. It should be understood that regardless of insurance status, the client or guarantor is ultimately responsible for the balance of the account for any and all services rendered. Clients may be held responsible for additional services such as reports, court appearance, depositions, and school consultations. Clients that have a balance on their account of \$200.00 or below will need to pay half the balance at time of appointment and the rest of the balance within 30 days unless other arrangements with their counselor or office staff have been made. If client cannot pay at the time of their appointment, they will be rescheduled unless other arrangements have been made. Front office staff will inform client that if this is not paid by the 30 days the notice will also serve as a referral to another facility. Clients that have a balance \$201.00 or above will have to pay half, the balance in order to be seen, and then set up a payment plan with counselor or office manager to have the balance paid within 45 days. Failure to make a payment plan and not pay off the bill in the allotted time, client will not be able to schedule any more appointments at this office and will be referred out to another facility.

It is further agreed that if your account is referred to an attorney or collection agency, the undersigned will pay for all costs of collection. It is expressly understood and agreed that exclusive venue and jurisdiction for collection of unpaid accounts shall be Lake Charles City Court, Lake Charles, La. It is also understood and agreed that any disputes, grievances, or complaints arising out of any services or treatment rendered to the client, shall be addressed pursuant to the Louisiana Health Provider Act (LA-RS 49:1299.49 etseq.) and that the exclusive venue and jurisdiction for any matter of action shall be the Fourteenth Judicial Court for Calcasieu Parish, LA.

Payments for services are due at the time of the visit. We accept the following forms of payment:

Cash

Check

Credit Card - Visa, MasterCard, Discover, American Express, and Diners Club

Assignment of Insurance Benefits:

The client or guarantor understands that their signatures below irrevocably assigns and transfers benefits payable by any insurance company, including Medicare, for services rendered to Trenton and Godeaux Counseling Services, LLC. The client or guarantor also authorizes refund to the

insurance company of overpaid insurance benefits. It is understood by the client or guarantor that any overpayment due to patient will first be applied to any other unpaid balance that may exist within our office.

INSURANCE HOLDERS

If you have health insurance, your insurance card must be presented before the first visit. Clients are responsible for their health care charges and should be familiar with the policies of their insurance provider. Please be aware of the amount of your co-pays or co-insurance will be due at the time of your visit. If your insurance carrier changes, please notify us immediately.

Any questions regarding your bills may be directed to your counselor.

By signing this document, I consent to counseling services for myself and/or minor and agree to the above billing policy. I also acknowledge that I have received Michelle Trenton Godeaux or Paul Godeaux's Declaration of Practices and Procedures form (whichever is applicable) that includes information regarding the counseling relationship, billing, emergency information and limits to confidentiality.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.