

ARBOR COUNSELING CENTER

WELCOME

Thank you for choosing Arbor Counseling Center as your provider. We ensure that your clinician is both professionally experienced and state licensed. **Please carefully read and sign the following statement of understanding.**

Confidentiality: We agree to abide by all legal and ethical standards regarding confidentiality. Please consult with your clinician for more specific information or concerns.

HIPAA : Arbor Counseling Center follows all federal HIPAA laws. A Notice of Privacy Practices is available upon request.

Payment: Payment is expected at the time services are rendered. We will bill your insurance company directly; however, understand that your insurance policy is a contract between you and your insurance carrier. You are responsible for all charges not covered by your carrier. We ask that you provide a credit/debit card to keep on file. Please let your clinician know if you would like to pay with your credit card. A \$100.00 minimum charge per transaction is required and payment by cash or check is preferred. We will only utilize your credit card with your permission or if there is an unpaid balance for over 30 days. EAP approved sessions will be exempt from payment.

Cancellation Policy: Once an appointment time is agreed upon, that time is reserved for you. Twenty four hours notice is required for cancellation. Missed appointments will be charged at your usual session rate. Your signature at the bottom of this page authorizes Arbor Counseling Center to bill you or your credit card for missed appointments.

Credit Card information

_____ agree to pay all fees related to services rendered.

Credit Card: Master Card_____ Visa_____ Discover_____ Other_____

Card# _____

Exp. Date:_____ 3 digit code on back of card: _____

Name as it appears on card: _____

I have read the above statements; agree to the aforementioned guidelines and give consent to begin counseling sessions.

Client's Signature: _____

Parent's Signature: _____

(If client is under 18 years old)