

CLIENT AGREEMENT and FINANCIAL AGREEMENT

All sessions are 50-minute sessions with the exception of the initial session, which is a 60-minute evaluation session.

CONFIDENTIALITY

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances:

1. Where the client is likely to harm him or herself unless protective measures are taken.
2. Where there is reasonable suspicion of child, elder or dependent adult abuse.
3. Where there is reasonable suspicion that the client presents a danger of violence to others.
4. A court order or subpoena to Teri Tingey to release information or testify in court.
5. Where the client's account has to be turned over to a collection agency.
6. Where the client requires probation reports.

I have read the above 6 limits to confidentiality and understand them. _____

(Sign)

FINANCIAL/INSURANCE

1. I understand that I am responsible for all charges incurred and that services must be paid in full at the time of visit unless other arrangements have been made in advance. If for any reason my insurance does not pay for these services, I understand that I am responsible for all charges. Should my account be referred to an attorney or collection agency for collection, the undersigned shall pay the attorney fees and collection expenses. _____ (Initial)

2. By my signature below, I hereby certify that the information given on the Intake Form is correct. I give permission for Teri Tingey to provide information concerning my diagnosis, treatment or prognosis as may be requested by an insurance company or attorney. The insurance company is instructed to pay Teri Tingey directly for all professional services rendered on my behalf. This instrument is an assignment of my rights to the extent of the fees for services and in cases of attorney representation, directs the attorney to withhold from settlement, judgment or verdict, such sums as may be necessary to pay these fees. All sums paid under the assignment are to be credited directly to my account. A photocopy of this assignment may serve as the original.
_____ (Initial)

3. Co-pays are due at the end of each session.

I have read, understood and agree to the above terms.

Signature of client or legal guardian of client

Date

INSURANCE INFORMATION

Has coverage been authorized? Yes ___ No ___ Authorization Number: _____
Insurance Company: _____ Member ID Number: _____
City _____ State _____ Zip _____
Payer ID number _____

The payer ID number must be obtained from your insurance company in order for a claim to be filed.
Are you able to provide a copy of your insurance card? Yes _____ No _____