

Welcome to Awakenings!

Your therapist at Awakenings Center for Intimacy and Sexuality is committed to your emotional health and personal growth. The following information defines the business aspect of our relationship. Please read and sign the following statement on confidentiality and informed consent.

Confidentiality

Your clinician will not share information with any person without your written consent except as required by law. The clinician is required to release information in the following four situations:

1. When formally ordered to release information by a court of competent jurisdiction;
2. When formally ordered to release information by authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials; by law we cannot reveal when or if we have disclosed such information to the federal government;
3. Child or elder abuse is occurring, or there is reason to suspect that it is occurring; or,
4. A serious threat against yourself, others, or property.

Appointment times

We will work with you to find an appointment time that meets your needs. If an ideal time is not immediately available, you will be moved to a more convenient time as soon as it can be arranged. When an appointment is made, that time is set aside for you and will not be given to someone else unless you specifically cancel the appointment. Therefore, it is very important that appointments be kept. Please be on time to avoid losing treatment time and have payment ready to avoid using clinical time to conduct business. Our schedules generally will not allow making up time if you are late.

The initial session is 55 minutes long. Subsequent sessions are generally 45 minutes long; occasionally sessions early in therapy run 55 minutes.

Fees

Our fees vary by therapist; most insurance carriers cover a portion of our fees as an out-of-network provider for mental health. For our Center Director, **Laurie Watson**, LPC, LMFT, Certified Sex Therapist, the first session costs \$170 and lasts approximately an hour; subsequent sessions are 45 minute and cost \$135 unless we mutually agree on a longer session time. We offer a \$5 discount for those paying by cash or check.

Carrie Roberson, MA, LMFT is our associate clinician and charges \$100 for a 45-minute session and \$130 for the initial hour-long session. The Center offers a \$5 discount for those paying by cash or check.

These fees are the same for individual or couples sessions. For after-hours and emergency calls, you will be charged at the rate of \$170 an hour in fifteen minute increments. Our fees increase on January 1 on an every-other-year basis. E-mail communication regarding therapy issues will be charged similar to a phone call with a minimum of one 15-minute increment. Consultations with other therapists are charged at the same rate as your regular session. Contact by e-mail for making appointments or billing issues is not charged.

Payment

Payment in full is due at the time service is rendered. We will provide you a statement at the end of each month that can be submitted to your insurance company for reimbursement. We accept cash, personal checks, and MasterCard/Visa. We do not have the capability of making change; so if you plan to pay by cash, please bring the correct amount. There will be a \$30 service charge for all returned checks. Non-payment of fees can result in termination of professional services and collection activity for any outstanding balances.

Cancelled or Missed Appointments

If an appointment needs to be rescheduled or cancelled, please do so as soon as possible so that the time may be made available to someone else. We charge the full fee for missed appointments, unless notice of cancellation is received 48 hours in advance. Exceptions for emergencies (example: child in hospital, car wreck, death in family)

may be made for one session during your treatment. No exceptions are made for: change in business schedule, lack of babysitter, forgotten appointment, or school schedule conflict.

Telephone sessions may be used in lieu of your in-person contact in most situations to keep the continuity of treatment and prevent you from being charged for unused appointment hours. Accessing us by e-mail to inform us of your absence and give us the best phone number to call is often the fastest means of communication. Email may be used for business communication only; all clinical discussion must take place in person.

If you need to cancel after hours or on weekends, please call our voice mail. Voice mail service is available 24 hours a day, 7 days a week when we are not answering the telephone directly. Payments for missed appointments or late cancellations are due with your regular fee at the next visit. Missed appointments or late cancellations are not reimbursable by insurance.

Insurance

While we may be able to file electronically with your insurance company as a courtesy to you, we do not guarantee this service. You are completely responsible for tracking all information regarding your benefits for mental health including but not limited to: diagnoses excluded from coverage, needed pre-authorizations, number of sessions covered per fiscal year, if and when reports must be submitted to gain more coverage for sessions. Payment is required in full regardless of what your insurance does or does not cover. We are not responsible for correspondence with your insurance carrier; you may call your insurance carrier or check on-line to discover exactly how they respond to Awakenings' charges.

Diagnosis

Most insurance companies as standard procedure require a diagnosis for the person being treated. This diagnosis will be discussed with you and becomes a permanent part of your health records.

Informed Consent

Please initial each statement and sign below:

1. ____ I authorize treatment for myself and/or dependent child.
2. ____ I acknowledge that the after the initial appointment, sessions are 45-minutes in length unless otherwise agreed-upon, and will start and end at the scheduled times.
3. ____ I acknowledge that phone sessions will be billed pro-rata in 15-minute intervals.
4. ____ I acknowledge the office policy of providing **48-hour prior notice** when canceling a scheduled appointment and that I am responsible to pay the full fee for any missed appointments that are not so canceled.
5. ____ I understand that I am responsible for payment for each appointment (please have check ready prior to the appointment).
6. ____ I understand that I am responsible for understanding, tracking, and resolving any coverage and/or payment issues with my insurance carrier (if any).
7. ____ I authorize the release of medical information, as necessary, to comply with the requirements of my insurance carrier for authorizing payment.

I have read this statement and discussed my concerns with my therapist.

Signature of Client or Legal Guardian

Date

Name of Treating Therapist