



INTAKE VERBAL POLICES FORM

I have read the **HIPAA Privacy Notice** AND the **Practice Guidelines and Policies**, both available for download at any time on www.c4vl.com. The contents of both of these documents were also verbally explained by my therapist.

Please sign above to acknowledge: _____

Client Signature

PLEASE INITIAL EACH BOX BELOW, which indicates that you acknowledge the following information as described in the documents, Practice Guidelines and Policies and HIPAA (available on c4vl.com):

<input type="checkbox"/>	My provider included licensure and regulatory board information which is on the website.
<input type="checkbox"/>	My therapist was available to answer questions on what I can expect about therapy and my rights.
<input type="checkbox"/>	My provider's fee for therapy ranges from \$120-150/session, depending on time spent or code used.
<input type="checkbox"/>	My provider's late cancel / no-show fee for time reserved is as follows:
<input type="checkbox"/>	* The cancelation / no show fee is \$120. I am responsible for paying this fee, unless I have made other arrangements with a guarantor, in writing, signed by that person or if I am legally exempt (Medicaid or EAP only). If I miss multiple sessions, my therapist reserves the right to terminate therapy and refer out.
<input type="checkbox"/>	* Requires 48 hours / 2 days notice for cancelation.
<input type="checkbox"/>	* No reimbursement from insurance for missed sessions or late cancels = client responsibility
<input type="checkbox"/>	* When schools / businesses close for inclement weather, imminent life-threatening illnesses, <u>inpatient</u> hospitalizations, death to loved ones, client may cancel w/ less than 48 hours.
<input type="checkbox"/>	No appointment reminders given; client responsibility to keep track of time, date, and location.
<input type="checkbox"/>	Copays are due at the time of service or full payment if no insurance being used. Payments can be made via cash, credit card (can be kept on file and is PCI compliant), or check.
<input type="checkbox"/>	Client responsibility to confirm mental health benefits and know what the ongoing patient responsibility is (copays, coinsurance, deductible, etc).
<input type="checkbox"/>	Contact – phone/ email /text policy reviewed – email and text used for non-emergency only
<input type="checkbox"/>	Limits to Confidentiality = harm to self or others, child abuse; general confidentiality reviewed
<input type="checkbox"/>	Minor policy, if applicable, was reviewed. Minor paperwork will be filled out / provided if applicable.
<input type="checkbox"/>	C4VL may provide me a referral to another therapist in the group if I do not find my initial therapist to be a good fit for my therapeutic needs.