

## *Insights, Inc*

703 N. 8th Street, Suite 202, Sheboygan, WI 53081

### INFORMED CONSENT

Thank you for choosing Insights, Inc. We understand that starting therapy or counseling services is a major decision and you may have many questions. This document is to inform you of our policies and your patient rights.

#### **PATIENT RIGHTS**

It is your right to terminate your therapy at any time. However, because a relationship has been established between client and therapist, it is strongly recommended that you discuss this with your therapist so that appropriate, respectful and careful closure to your treatment can be provided.

#### **CONFIDENTIALITY/PRIVACY**

All health information, records and conversations about your treatment are kept private and confidential except in circumstances governed by law.\*\*\* Your records are accessible to you with notification and may be released only to those you authorize. If you request, or, it is recommended that consultation with other health professionals is indicated, you will need to sign a "Release of Information" form. We will not discuss your care with anyone else without your written permission (HIPAA Disclosure Form). This permission is in force for a specific length of time but can be revoked by you at any time.

\*\*\* danger to life or health of the patient or harm to others; suspected child abuse or neglect; lawful order of the court

#### **CANCELLATION POLICY/ NO SHOW**

***APPOINTMENTS MUST BE CANCELLED 24 HOURS IN ADVANCE OF YOUR SESSION.*** This time has been reserved for you and cannot be filled last minute. A charge of \$85.00 will apply if there is a late cancellation or a no show. This charge is not billable to insurance.

## FINANCIAL POLICY/ AGREEMENT

Fees are payable at the time of service. We accept cash or personal check (there is a \$35 charge for any returned checks). We continue to accept Visa, Mastercard, Discover and Health Savings Account. A credit card processing fee of \$5.00 will now be added on when your credit card is used.

Your session is a full 60 minutes. Any additional professional services such as educational evaluations, school visits, home visits, written reports, etc. will be billed at the same hourly rate of \$110/hr.

If you choose to submit to your health insurance, it is your responsibility to confirm your mental health coverage and that they will accept Insights, Inc as an out of network provider. We will be happy to assist you in completing your claim form, but you are responsible for mailing it and tracking your reimbursement.

You are responsible for all therapy fees regardless of the reimbursement policies of your insurance company or marital status. If you still request that Insights, Inc submit the claims for you, there will be an additional fee of \$60 per therapy hour for the preparing, mailing, tracking and waiting for the reimbursement.

Initial Consultation (Evaluation & Diagnosis)	60 min session - \$120
Individual & Family Therapy	60 min session - \$110
School or Home Visits	\$110/hr (door to door)
Phone Therapy / Skype	60 min session - \$110
Processing fee for credit cards	\$5
Insurance preparation and submission fee	\$60 / therapy hour

## STATEMENT OF UNDERSTANDING:

I have read and understand this informed consent and my patient rights.

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Client

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Date

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Parent/Guardian

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Date