

WELCOME

We believe you have the potential and the right to direct your own life and relate to your surroundings in a satisfying way. We look forward to helping you accomplish your goals. To this end we request your cooperation with the following items.

APPOINTMENTS

Appointments are scheduled for reserved times as agreed upon by you and your therapist. Please make every effort to keep your appointment. Should a situation arise that prevents you from keeping an appointment we request your cooperation as follows:

If you need to change an appointment, please call our 24-hour voice mail immediately. The charge is \$30.00 for failure to cancel earlier than 24 hours before the scheduled appointment, except in case of emergency. The late cancellation fee is \$25.00.

FINANCIAL POLICY

Fees are customarily payable when services are rendered. Please make any applicable co-pay at the time of service. We will be happy to bill any participating insurance for their responsibility. We assume that you have verified that services will be covered by your insurance company and that you are aware of your co-payment obligation. Remember, the financial responsibility always rests with you rather than the insurance company.

PRIVACY AND HIPAA POLICY

North Star Counseling (NSC) will use your personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. You have the right to restrict how your personal health information is used and disclosed for treatment, payment and administrative operations if you notify the practice. NSC will consider requests for restriction on a case-by-case basis. You have the right to revoke this consent by notifying the practice in writing at any time. Release of personal information other than as explained above shall only occur by separate written authorization. You may request a copy of the HIPAA Policy.

CONSENT

I have read and I understand the above information, including the HIPAA Policy. I consent to treatment of myself/ my _____ at North Star Counseling.
(Relationship)

(Signature)