

Informed Consent:

Good Faith Forms

These services may include individual, couple, child and family therapy or parent consultation. I understand that psychotherapists do not guarantee particular outcomes. I am seeking these services on my own accord and am free to discontinue at any time. I understand my therapist's training, credentials, and experience as well as the nature of the therapeutic process.

I understand and agree to the following terms:

Confidentiality will be maintained and information will be released only to qualified professionals and only with my explicit written permission, except in certain situations where maintaining confidentiality would result in clear and imminent danger to myself or others, or as otherwise provided by state law.

The therapist is required by law to report to the appropriate authorities any suspected child abuse, elder abuse or abuse of people with disabilities. When a threat of bodily harm to myself or to others is present, the therapist may break the confidentiality of our communications. If I would like my therapist to consult with my own or my child's physician, prior therapist, or teacher, I will include their names and contact info on the "Release and Exchange of Information" form.

Therapeutic supervised visitation and re-unification therapy often require reports in response to judge or mediator requests for information on how the process is proceeding. Parents will need to sign a release of information for family court before we begin either of the above processes.

I understand confidentiality and its exceptions as explained in this form.

Custody: If a parent has sole legal custody of a minor client, the court order must be provided for the therapist. If parents share joint legal custody, both parents must consent to treatment

for their child. The therapist meets with parents without the child present, individually or together, before child therapy sessions commence. If one parent does not live locally, he/she must initiate phone contact with the therapist, as well as sign and deliver the Informed Consent Form for their child's therapy before treatment begins.

Fees:

I understand that Ann Woodward Hines, LMFT is not contracted with insurance panels. If you have a PPO insurance policy, please call your insurance company to inquire about what you will be reimbursed for out-of-network providers. If you have an HMO policy, it is required that you see a clinician on their managed care list unless you choose to pay out-of-pocket.

60 min session: \$200 (CPT code 90837)

45 min session: \$175 (CPT code 90834)

30 min session: \$145 (CPT code 90832)

75 min session: \$225 (CPT code 90840)

Telehealth (video) and phone sessions are billed at same rates.

Court ordered or stipulated Reconnection Therapy: \$250 per hour/10 session retainer.

Fees are billed to credit/debit card at time of service.

Please request e-statements when needed to send to your PPO insurance plan. They will reimburse you directly.

Report writing, collaborative consultation and cumulative email time will be billed at the usual hourly rate or portions thereof, but are not reimbursable by insurance. I am aware that any professional time spent consulting on my case, cumulative emails and phone calls for reconnection therapy, driving to collaborative appointments or meetings outside of the office will be charged to my account. Cancellations: no charge if 24 hours prior notice.