

BridgePointe Psychological & Counseling Services  
**CLIENT RIGHTS AND RESPONSIBILITIES**

**TREATMENT INPUT/PARTICIPATION:**

Since you are an integral part of your treatment, you have the right to ask questions at any point. You may request and negotiate therapeutic goals, and you may refuse to participate in any intervention, strategy or behavior suggested by your therapist. You have the right to be fully informed regarding the therapist's estimation of approximate length of therapy to meet your agreed upon goals. You have the right to terminate treatment at any time. A termination session may be suggested in order to discuss progress made or continuing areas of concern. If you wish to continue treatment with one of our clinicians but feel you need a different approach or clinical orientation, you may request a change of therapist by discussing this with your current therapist or contacting our Clinical Director at 513-891-0650. Every effort will be made to satisfy your request. You have the right to be fully informed about your therapist's qualifications, training and experience and you may ask questions about his/her clinical orientation.

**FINANCIAL POLICY:**

The fee for an initial diagnostic assessment is \$175 (\$225 for M.D.) and a standard 45-minute follow-up appointment is \$150 (\$200/45 min, \$110/25 min. and \$100/med check for M.D. and ACNS). Psychological evaluations, testing, and reports are billed at a rate of \$200 per hour, and this fee will be discussed in advance with the client. Ancillary professional services are charged at a rate of \$150 to \$250 per hour and are not to be covered/reimbursed by insurance (e.g., consultation with other professionals or agencies, court appearances, depositions, subpoenas, preparation of reports and case related correspondence, telephone calls, etc.) There will be an additional fee for all insurance forms to be filled out. Please allow 10 days for this to be completed.

We require payment at the time services are rendered. ***If you have a co-pay, payment is expected at the time of service. A \$5 charge will be assessed if the co-pay is not made at the time of service.*** If you have health insurance, please understand that this is an agreement between you and your insurance company. ***If your insurance company requires an authorization for your initial visit(s), please make sure that you have obtained this authorization no later than your first visit. If your insurance company denies your initial visit(s) because of no authorization you will be responsible for full payment for these visit(s).*** Our billing department will assist you in submitting insurance forms. If, however, your insurance company does not pay the anticipated amount, **you** are still responsible for the total amount of the bill. Please be aware that the insurance benefits quoted by your insurance company are not a guarantee of payment and are subject to change. In the event your account is not paid in a timely manner, this may be reported to a credit-reporting agency. In the event your account is past due by 90 days or the balance exceeds \$1000, collection proceedings may be instituted.

Fees: A \$30 fee will be charged for returned checks. We may use electronic withdrawal from your account for the amount of the check plus the \$30 returned check fee, if a check is returned for insufficient funds. Interest will accrue at the rate of 1.5% per month on any portion of your bill that is 60+ past due. If we have to refer the collection of your account to a lawyer or collection agency, you will be responsible for all costs of collection, including reasonable collection agency fees, attorney's fees and court costs.

**CANCELLATION/NO SHOW POLICY**

Your 50-minute session is reserved exclusively for you. You will be charged a fee of \$75 if you fail to show for an appointment. If you must cancel an appointment please do so at least 24 hours in advance, or you will be charged a late cancellation fee of \$75. These charges cannot be billed to insurance. An answering service is available to take your after-hours calls.

Initial \_\_\_\_\_

***I have read and understand in full the above statements.***

\_\_\_\_\_  
***Client Signature (or Parent (guarantor), if minor)***

\_\_\_\_\_  
***Date Signed***

