



## Consumer Consent For Treatment

Please read carefully and initial indicating that you have reviewed the following information. Your initials indicate your agreement.

\_\_\_\_\_ I hereby request admission to KCC, counseling with Samaria M Colbert MSW LCSW evaluation and or treatment. If the evaluation indicates that admission is appropriate. I consent to such services as indicated by my clinician responsible for my care. If the evaluation indicates that I would not benefit from services at the agency I will be referred to a more appropriate resource. I also understand that my consent can be withdraw at any time.

\_\_\_\_\_ **I understand that my therapist, does not make clinical judgement calls in regards to my ability to work, does not assess for work capability, DOES NOT complete documentation to disability determination stating such. The therapist DOES NOT complete FMLA paperwork or sign for clients to be out of work for any period of time other than the time in time out of the therapy appointment. I may request copies of my records indicating mental health diagnosis, treatment, notes as I consent at any time. There is a 15.00 charge for a request for records. This is not paid by your insurance company.**

\_\_\_\_\_ There are no recordings of ANY video, audio or otherwise. There are no video recording allowed in the session, in the office, phone or virtually. There are no pictures allowed to be taken in any capacity.

\_\_\_\_\_ **I understand that my therapist does not certify for, provide letters of support or sign for therapy dogs.**

\_\_\_\_\_ I hereby grant Samaria M Colbert, Kingdom Creative Counseling PLLC to release of information to my insurance company in order to process and pay claims for services rendered to me. I understand that this consent allows the release of all information in my client record including substance abuse, communicable diseases including but not limited to (HIV, AIDS) and other sensitive services as specified in the need.

\_\_\_\_\_ I hereby authorize payment directly to Samaria M Colbert, Kingdom Creative Counseling PLLC of any insurance government program benefits otherwise payable to me for services rendered. I am financially responsible for any charges not paid under this assignment. I am responsible for ALL charges not paid for by my insurance company. Any refunds due to me shall be applied to any other outstanding balance for which Samaria M Colbert, Kingdom Creative Counseling PLLC is responsible. I will notify Samaria M Colbert, Kingdom Creative Counseling PLLC of any changes in my financial status.

\_\_\_\_\_ I understand if I participate in group treatment, I will keep all information discussed in group confidential.

\_\_\_\_\_ **I understand that my therapist does not make court appearances on my behalf, does not make statements in regards to legal proceedings. Does not make judgements in regards to any custody issues, placement or reunification. If my therapist is summoned to court on my behalf for any reason, I will be charged a fee of 150 dollars per hour, which is to be paid in full before my next therapy appointment and is not covered by my insurance. There are no refunds or exchanges issued.**

\_\_\_\_\_ I understand that all information is confidential, and private in compliance with laws that govern health treatment and protected health information. However, I do understand that exceptions to this statute include but are not limited to any threat of plan of harm to myself or another. If my therapist is concerned about my safety or the safety of others, she is obligated to breach this agreement and follow through with the most appropriate actions as needed. This action could include, involuntary commitment, authorities such as police called. I understand that if I am involved in any court proceeding my records can be subpoenaed for court purposes. By law my therapist is then obligated to release any or indicated records.

\_\_\_\_\_ I understand if I am unable to attend my appointment, I must cancel my appointment within 24 hours of my scheduled appointment. There is a 50.00 cancellation fee for all appointments if I do not call within 24 hours of my canceled appointment. If I am more than 15 minutes late it is considered a no call no show and I will be responsible for the 50.00 fee. If I do not show for my scheduled appointment for any reason, I will be charged this fee. All outstanding fees must be paid before my next appointment. I understand that my credit card will be charged for this fee. I understand that my insurance company does not pay this fee and I must pay for it out of pocket.

\_\_\_\_\_ I understand that I will be discharged from the agency if I have not been seen in 30 days.

\_\_\_\_\_ I understand that my co-pay, co-insurance, deductible must be paid upfront at the time of the session. My therapist does not issue promise to pay later, after session invoices or reduce my payment as this is assigned by the insurance company. I understand that my insurance requires my therapist to obtain the payment at the time of service. My therapist does not discount my service, co-insurance, deductible or copay because he or she is contracted with my insurance company and must maintain these requirements as specified by the contract between the therapist, and the insurance company. There are no refunds or exchanges for services rendered.

While we try to be as accurate as possible when verifying benefits, your fees may change depending on your eligibility and benefits during the date of your sessions. This is an estimate as of today, and we won't know your exact fee until we bill your insurance and get your explanation of benefits back from your insurance company. You are also encouraged to call the number on the back of your insurance card and ask your member representative what your 'mental health, outpatient, office visit' benefits are. Please let us know if you have any questions.

\_\_\_\_\_ Due to the sensitive nature of our interaction, your therapist nor any Kingdom Creative Counseling PLLC will not follow you on any social media platform. I (we) do not accept friend request or contact request from current, former or future clients on any social networking site. As a courtesy we may remind you of your appointment via email or text message, with your permission all software used is HIPPA compliant, and sent from a send only electronic system. If you need to cancel or reschedule your appointment please call the office directly. We do not accept gifts of any kind nor do we barter for services. **We do not correspond otherwise via text message or email. Please call the office or visit the website.**

Kingdom Creative Counseling PLLC sponsors promotional/marketing events regularly to educate the community about the type of treatment we offer. In addition, Samaria M Colbert MSW LCSW is a requested speaker I (we) DO NOT solicit our clients to attend nor do we expect you to attend ANY of these events. Should you attend you do so at your own choosing. I (we) do not solicit our clients for speaking events, or other community events that you become aware of.

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Signature of client/legally responsible

Date \_\_\_\_\_

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Signature of my therapist/KCC representative

Date \_\_\_\_\_