

Ted Mathis, MA, LPC

12500 W. 58th Ave, Suite 220, Arvada, CO 80002 - (720) 319-1267

INFORMED CONSENT

Please *initial* each statement in the blank provided

_____ My fee for a 50-minute session Monday-Friday 8-5 is \$95.00 (\$100 for cash), payable at the time of the session. I accept credit, debit, and HSA cards, and checks. Fees are subject to change every 6 months. Fees for sessions outside normal business hours are negotiable.

_____ Telephone calls, emails, and texts except for the purpose of logistics (scheduling, billing, etc.) will be billed at the above rates. Note: emails and texts are not considered to be a confidential means of communication.

_____ Fees, as per above, will be charged for any additional services rendered by me at your request, such as assessments, preparation of letters, special forms, insurance reports, court time, consultation with other professionals, etc.

_____ I am not on call for emergencies. If you have an emergency, please dial 911 or go to the nearest emergency facility. Emergency-related activity will be billed at the above rates.

_____ If you have insurance coverage, I would be happy to supply you with a receipt or periodic statement. I do not accept direct assignment of benefits from insurance companies, nor do I participate in managed care insurance plans (HMO/PPOs).

_____ Your visit has been reserved for you. **24 hours notice** is required for cancellation, or you will be charged a late cancellation fee of \$50. However, *failure to appear* with no advance notice is billed at the **full fee** of the planned session.

_____ Unattended children are not permitted in the waiting area.

My signature below indicates I have read and understood the above information.

Print Client's Name

Date

Client or Responsible Party's Signature

Relationship to Client