

Abbey Road Counseling Services, Inc.

Sandra K. Munn, LCSW

415 North Main Street, Ste. 104
Cedar City, Utah 84721

Phone (435) 586-9521
Fax (435) 586-4268

CONSENT AND CONDITIONS FOR TREATMENT

Release of Information: The law requires Sandra Munn to make and keep records of your medical treatment/counseling. Sandra Munn safeguards those records. By receiving services provided by Sandra Munn, you agree to the release of medical record information to insurance companies or other third parties to assist in paying your health care costs.

Financial Responsibility: Patient and the undersigned, if other than the patient, each jointly and severally agree to pay for all the services rendered to patient by Sandra Munn, including but not limited, to any amounts not paid by any insurance company or other third party payer. Patient and the undersigned if other than the patient, remains responsible for all co-payments, deductibles, co-insurance, and/or non-covered services regardless of amount paid by insurance or third party payer. It is understood and agreed that charges not paid in a timely matter may be placed for collection or with an attorney for purposes of collection. It is further understood and agreed by the patient and the undersigned that any amounts not paid within 30 days of the statement for payment shall accrue interest at the rate of 1 ½% per month (18% per year) on the unpaid balance. In the event that any unpaid balance is placed for collection or with an attorney for collection, patient and the undersigned, if other than patient, each and jointly and severally agree to pay costs and a reasonable attorney's fee in connection with the collection process. A service charge of \$20.00 may be collected in connection with any check or other instrument tendered by me, but returned unpaid to the facility.

Group Only Financial Responsibilities: The same as stated in paragraph above except payment is due at the time of each group session unless arrangements were made with Sandra Munn prior to group. If late cancellation or "no show" occurs, I understand I may be responsible for the full charge of group, which is \$45.00. I am also aware that my insurance will not cover this charge.

As the patient and the undersigned, if other than the patient, I agree to give 24 hours notice for cancellation or rescheduling. If late cancellation or "no show" occurs, I understand I may be responsible for the \$80.00 penalty fee. I am also aware that my insurance will not cover this charge.

Medicare/Medicaid Patient's Certification: I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or to the State any information needed to process a claim for this or any related service. I request that payment of authorized service be made on my behalf directly to the provider for his charges and for any charges the provider is authorized to bill in connection with his services.

The undersigned signs this document either as the patient or as the agent or representative of the patient authorized to execute this document and to accept and agree to its terms on the behalf of the patient. I have read the foregoing and have had the opportunity to ask any questions I may have about the foregoing. Such questions have been answered to my satisfaction, and I understand what I am agreeing to by signing below. I understand that I am entitled to request and obtain a copy of this document.

Date

Patient Signature (if over 18 years of age)

Witness

Patient's Agent or Representative

Relationship to Patient

Abbey Road Counseling Services, Inc.
Sandra K. Munn, LCSW

Individual-Family-Adolescent Therapy
Anger Management Treatment
Substance Abuse Evaluation & Treatment
Domestic Violence Evaluation & Treatment

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Statement of Consumer Rights

The agency shall provide services in a manner, which grants the respect that all individuals have a right to.

All consumers of the Center have the following rights:

1. Each consumer has the right to privacy of information for both current and closed records.
2. Each consumer has the right to know the reasons for involuntary termination of services and the criteria for re-admission to the program.
3. Each consumer has the right to freedom from potential harm or acts of violence from consumers or others.
4. Each consumer has the right to know what his/her responsibilities in treatment are, what their privileges are, and what the rules of conduct are.
5. Each consumer has the right to know in advance what the service fees and any other costs are.
6. Each consumer has the right to file a grievance or complaint if unsatisfied with any of the services received. Ask Abbey Road for grievance form.
7. Each consumer has the right to freedom from discrimination.
8. Each consumer has the right to be treated with dignity.
9. Each consumer has the right to be informed of any information that must be released, (i.e. health insurance data, etc.) and of any options available to him or her.

10. Each consumer has the right to inquire as to the credentials or training of any staff that is assigned to work with him or her.

11. Each consumer has the right to participate in the development of his or her individualized treatment plan.

12. Each consumer has the right to request that his or her case be transferred to another therapist.

13. Each consumer has the right to expect that all information provided would be kept confidential with the following exceptions:

- A. A court subpoena of the consumer records and/or testimony by the therapist.
- B. The consumer is referred to the Center for treatment by a court order. If so, all information regarding consumer will be made available to the court at its request.
- C. The consumer signs a release of information to specific individuals or organizations.
- D. The agency must report per state or federal law (i.e. Any criminal activities or choices that indicate the consumer is a danger to self or others).
- E. Consumer name and address may be referred to an outside collection agency including small claims court if the consumer is delinquent in making payments on the account by 60 days or more.

14. Each consumer has the right to review his or her own consumer file, or that of their minor child, within 10 business days of making a written request.

Consumer's signature _____
Date _____

Witness _____
Date _____