



Individual, Family, and Marriage Counseling

Description of Services

Welcome to Riley Individual, Family, and Marriage Counseling. Please take a moment to read over this description of services as this information is important for you to consider as we work with you.

Goals and Outcomes:

Counseling is well suited to helping individuals, families, and those struggling with marriage issues or issues of infertility. It is based upon their willingness to help themselves and the relationships improve by changing feelings, thoughts, and behaviors. You have the ability to determine the amount and nature of the change that you make.

Benefits:

Most of those who participate in counseling find improvement and even resolution of concerns that brought them into counseling. There are no guarantees, of course, and there are some risks as well. The most common risk of counseling is that individuals find themselves at new levels of self-awareness. This new found awareness can cause some discomfort.

Length of Therapy:

Our focus at Riley Individual, Family, and Marriage Counseling is to keep counseling to a short term. As we set goals for therapy it is important to know that those goals will be built in such a way to keep the length of therapy to a minimum. On occasion, more intensive therapy will be required. If that is the case, the nature and duration of therapy will be discussed with you. Please know that in some cases, appropriate referral to community based programs may be necessary to best attend to your need.

Confidentiality:

We are aware that the information discussed in therapy is very personal and that you may not want us to disclose this information to others without your permission. You have received a document that allows you to authorize individuals whom you would allow to attain such information (e.g. Psychiatrist, Primary Care Physician, Ecclesiastical Leader etc). If you wish to have confidential information shared with another party and you have authorized us to do so, we will review with you what will be shared and in what manor prior to disclosure. Release of confidential information may be required by law without written consent if there is a belief that a child is being abused or neglected, or if it is believed that you are in danger of harming yourself, others, or property.

Payment for Services:

The fees for services are as follows:

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| Initial evaluation (45-50 minute interview, and evaluation write-up)..... | \$180.00 |
| Discount for paying cash at the time of the visit..... | \$120.00 |
| Individual or family therapy (45-50 minutes)..... | \$120.00 |

Private insurance:

We will verify your insurance coverage, and you will need to pay your insurance copayment or coinsurance at the time of each visit. As contracted with your insurance company, we accept their maximum allowable charge as full payment, so you should only need to pay any deductible, copayment, and coinsurance. If you are using insurance and have concerns please let us know.

In some situations, LDS Bishops or other Ecclesiastical leaders will offer or may offer to support you in payment of services. Should this be the case, that leader must be listed under written authorization for consult regarding payment agreements.

No-Show/Cancellation of Appointment:

Occasionally a situation may arise that prevents you from keeping a scheduled appointment. As a courtesy to other clients, please notify us of the need to cancel at least 24 hours in advance of your appointment. Except in emergency situations, late cancellations and no-shows will be charge half of the session fee. Should this expense be charged to you, you are expected to pay out of pocket as insurance or other third parties will not be billed.

INITIAL _____

Grievance:

You have the right to be treated with dignity and respect. Should you have any questions in this regard, please notify the therapist immediately.

Please make arrangements for small children to remain home unless you are asked to bring them as part of family therapy. Our office is not suited for unattended children.

Payment Arrangements/Financial Agreement

Insured _____ Birthdate _____ Employer _____

Insurance Co./Bishop _____ Phone Number _____

Address _____ Policy Name _____

_____ Policy Number _____

Client Co-Pay \$ _____ Insurance Pay \$ _____ Other Party Pay \$ _____

I have read the above information and understand that I am invited to ask questions regarding the counseling process and provide input throughout services. If there is anything in this form that I do not understand or that I need clarification on, it is my responsibility to address it.

I certify that I have read this agreement and description of services, and by my signature I agree to the terms set forth above. I hereby authorize payment of insurance benefits for services rendered to be made directly to Riley Individual, Family, and Marriage Counseling or individual therapist. I accept responsibility for the payment of all services not covered by my insurance.

Client name _____

Signature (Parent, if client is a minor)

Spouse Signature (if applicable)

Date