Compassionate Care Counseling LLC
1525 Old Louisquisset Pike, Building B, Suite 104
Lincoln, RI, 02865

Consent For Services Agreement

This form is called a Consent for Services. Your therapist ("Provider"), as a part of Compassionate Care Counseling (“Practice”), has asked you to read and sign this Consent before you start therapy. Please review the information.

For mental health services to be most effective, it is essential to have these services coordinated with other health care providers. Information will only be shared in accordance with the Privacy Policies of this Practice. For any person or institution that is not directly related to treatment, payment of services or health care operations of this Practice, all protected health information will be kept confidential UNLESS you sign a release authorization. However, all health care providers are legally required to report and release the following information without specific authorization: Suspected abuse and/or neglect of a child, disabled person or elderly person; to prevent injury to self or others; and/or in a medical emergency.

1. CONSENT FOR TREATMENT. You consent to mental health care as provided by *Compassionate Care Counseling* as directed by the Provider. A variety of treatment methods will be used to provide relief of your symptoms and to improve coping and problem-solving skills. You understand that your participation and willingness to set goals and make change is an integral part of treatment. You understand that due to factors beyond our control, such as external or systemic stressors, desired outcomes cannot be guaranteed. You agree to accept the potential benefits & risks that might result from our treatment recommendations.

In the event of a mental health emergency or worsening of symptoms your Provider may discuss other resources or higher levels of care which may or may not include intensive outpatient services, partial-hospitalization programs, or hospitalization if clinically appropriate. *Compassionate Care Counseling* DOES NOT PROVIDE 24 HR CRISIS SERVICES.

The following numbers are to be used in the case of psychiatric emergency:

Suicide & Crisis Hot Line: 988

For Youth under 18 years old: RI Kids Link, 1-855-543-5465

For Adults: Butler Hospital Emergency call line 1-844-401-0111

2. FINANCIAL AGREEMENT. You agree to pay *Compassionate Care Counseling* for services at the time they are rendered. If you wish to use health insurance, our services may be covered in full or in part by your health insurance provider or employee benefit

plan. Please call your insurance company or employer prior to receiving services to check your benefits and coverage levels. It is your responsibility to understand your benefits before receiving services from us.

Here are some questions you may want to ask your insurance provider or employer:

- Do I have mental health insurance benefits in my plan?
- Has my deductible been met? If not, what can I expect for my out-of-pocket expenses?
- How much is my co-payment for each session once my deductible is met?
- Do I have any EAP (Employee Assisted Program) authorizations available?

As a convenience to you, we can bill your insurance company for the services we provide to you. You are financially responsible for charges that are not covered under your insurance plan. All required co-payments, coinsurance and deductibles are due at the time of service or when we receive an Explanation of Benefits (EOB) statement from your insurance company.

If you have any billing questions, please email: Admin@cccounselingri.com or call 401-389-8412

A PAYMENT AUTHORIZATION FORM will be required and kept on-file to pay for services and fees. Service fees will be charged to your credit card at the time services are rendered or when we receive notice from your insurance company that you have out-of-pocket expenses such as co-payments, deductible amounts or co-insurance amounts due to us.

Regarding accrued balances: The Practice will work with you and your insurance plan to resolve any issues with payment. We will resubmit claims no more than two times in an attempt to collect payment for services rendered. If a balance is outstanding for more than 45 days or amounts of more than $250 are outstanding, we reserve the right to temporarily pause sessions until a payment plan is established. We reserve the right to payment for services rendered and will supply you with proof of payment to be reimbursed by your insurance plan.

As a consumer if you have concerns with your coverage, you may contact The RI Health Insurance Commissioner OHIC.HealthInsInq@ohic.ri.gov or Contact the Call Center: 401-270-0101

3. INSURANCE SUBMISSION AND ASSIGNMENT OF BENEFITS. As a convenience to you, we can bill your insurance company for each service. You authorize Compassionate Care Counseling to submit claims for reimbursement, on your behalf, to Medicare, Medicaid or any other commercial insurance company for payment of our health care services. You agree that the information you have provided about your healthcare insurance provider is complete and correct. In consideration of the health care services provided, you agree that you are financially responsible for charges that are not covered by your insurance and that you are responsible for satisfying any conditions necessary for insurance or health benefits.

4. CO-PAYMENT COLLECTION. Per your contract with your insurance company(s), co-payments must be collected at the time of service, for each service. Due to legally binding contracts and uniform compliance rules, there are no exceptions.

5. INSURANCE PLAN RESTRICTIONS. You understand it is your responsibility to contact your insurance company regarding your plan benefits and exclusions. Exclusions may include, but not limited to, whether the Mental Health Provider you are scheduled to see is a provider for your plan, whether certain services are covered benefits, and if your plan requires a referral before seeing a specialist. Some plans have reduced benefits or restrictions, while others simply refuse to pay if you receive services outside of your contract. Having more than one insurance provider DOES NOT necessarily mean that our services are covered 100%. Secondary insurers have specific guidelines, stated in your contract with them, for what they will consider for payment in coordination with your primary insurance company's payment. We will bill your primary and secondary insurance carrier. You agree you are responsible for all co-payments, deductibles and other charges not covered by your insurance as specified in your insurance plan contract.

5. OUT OF NETWORK / OUT OF POCKET FEE. If you elect to pay for services without using insurance, or your Provider is not "In-Network" with your insurance plan, you must pay the below fees at the time of session. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

Private Pay / Out of Network Rates:

$150 Intake assessment (60 minutes)

$115 Routine sessions (50-55 minutes)

Reduced Scale Rate

$115 Intake assessment (60 minutes)

$90 Routine sessions (50-55 minutes)

During situations of significant financial hardship or temporary circumstances, reduced rates can be discussed with your Provider and the practice to accommodate continuity of services.

6. DIVORCE DECREES. *Compassionate Care Counseling* is NOT a party to your divorce decree. Adult clients/clients are responsible for their bill at the time of service. The responsibility to pay for services to minor children rests with the accompanying adult. If the divorced couple is splitting costs, one person must take responsibility for bringing the child to their appointments, coordinating the insurance benefits between parties, payment of services, and keeping track of payments and other documentation related to the services provided.

7. MINOR CLIENTS. The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless services have been approved by the parents (or guardians) and payment has been made before or at the time of service in accordance with item number 3 above.

8. MISSED OR CANCELLED APPOINTMENTS. When you make an appointment, we reserve that time for you. When you miss or cancel your appointment, it takes away precious time the Provider could spend treating another client.

BE ADVISED THAT *Compassionate Care Counseling* HAS A VERY STRICT No Show & Late Cancellation Policy.

If you are unable to attend your scheduled session, you must contact your Provider at least 24 hours before your scheduled session. If you do not contact your Provider to cancel or reschedule at least 24 hours before your scheduled session, you agree you are responsible for the below listed fees. Insurance does not cover these fees. Note: This policy does not apply for medical emergencies or illness.

In the event of a no-show (no notice, missed appointment) there is a $100 fee

In the event of a late notice (less than 24-hours) there is a $75 fee or reduced rate $50 fee

Your Provider will wait for 15 minutes after the scheduled session is to start, if more than 15 minutes goes by, the appointment is considered a "no-show".

9. SPECIAL REQUESTS: Your Provider may charge administrative fees for writing a requested letter or report outside of normal case management practices; or for

preparation, travel, and attendance at a court appearance. Examples are listed below. Payment is due in advance.

- Any phone call longer than 15-minutes will be billed to your insurance for $100, client will be responsible for any associated copayment or deductible balance that needs to be met.
- Court Testimony: $500 per day (charged regardless if your Provider is called to testify or not).
- Court Letters / Court-related Paperwork: $75.
- Consultations: $100 per hour (i.e IEP meetings, record review/correspondence, prep time etc.).
- Supportive documents including: letter writing for accommodations, TDI/TCI paperwork etc. may be on a sliding scale $25- $50.

10. ADMINISTRATIVE DISCHARGE. If a client has not attended a scheduled session or has not been seen by their Provider for a period exceeding 60 days without prior communication or a scheduled follow-up, they will be administratively discharged from *Compassionate Care Counseling*. If there are more than 3 late cancellations or no-shows within a 3 month period your Provider may discuss discontinuing services and provide a referral to another practice or provider as appropriate.

11. SOCIAL MEDIA POLICY: The Practice will adhere to the ethical principles outlined in the NASW Code of Ethics when using social media. Any professional accounts or online presence aims to protect client confidentiality, maintain professional boundaries, and uphold the integrity of the profession. Clinicians are prohibited from initiating or accepting friend or follow requests from clients on *personal* social media accounts before, during, and after treatment to maintain professional boundaries and uphold confidentiality. Any social media interactions should align strictly with professional communication policies and avoid compromising the therapeutic relationship.

11a. **SOCIAL MEDIA DISCLAIMER:** If you choose to follow or interact with our professional account you assume potential risks and unforeseen consequences outside of our control. Risks may include compromised privacy/ confidentiality.

12. DUAL RELATIONSHIPS: It is recognized that dual relationships may occasionally occur due to the close-knit nature of the community. Providers are expected to navigate these situations with transparency and prioritize professional boundaries, always adhering to the guidelines set forth by the NASW Code of Ethics. Providers must take appropriate steps to mitigate potential conflicts of interest and ensure that such relationships do not compromise the therapeutic process or client wellbeing.

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This Notice was last updated on 4/2/25