



Collaborative Counseling, LLC
Clinic Information and Client Consent Policies

Overview of Therapy

Therapy varies depending on the therapist, the client, and the client's particular situations and goals. Your therapist may use many different methods to deal with your particular situations and goals. In order for therapy to have the best outcome, you will likely have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Therapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety, or frustration when discussing aspects of your life or relationships. Research shows psychotherapy to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Your first few sessions will involve an evaluation of your situation and needs, and we will also discuss your goals. During this time, you and your therapist together will decide if your therapist is the best person to provide you with therapeutic services. Therapy can involve a significant investment of time, energy, and money so it is important you select a therapist you are comfortable working with. If at any time you have questions about any aspect of your work with your therapist, please discuss with your therapist or contact the clinic director, Naomi Doriott Larson at 763.210.9966 or via email at naomi@collaborativemn.com. If you decide you do not want to continue in therapy, please inform your therapist. We do recommend a final session for closure. If you want help finding another therapist or other appropriate resources, we will happily assist you in doing so.

Confidentiality and Data Privacy Policy (HIPAA)

This notice describes how your health information may be used and disclosed and how you can access this information. Please review this and all other policies carefully. We are committed to protecting our clients' privacy and confidentiality. A state and federal law, the Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, 2003 and requires us to inform you of this policy. HIPAA requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a specialist doctor whom we may involve in your care. We may use or disclose your health information to obtain payment of the services you receive (e.g. we can send information as requested by your health insurance plan). We may use or disclose your health information for our normal healthcare operations (e.g. staff who complete scheduling, or training of staff who have signed confidentiality agreements, and related administrative functions.). We may share your medical information with our business associates, such as a billing service, administrative staff, etc... To protect your privacy and confidentiality we have a written contract with each business associate requiring them to protect your privacy. We may consult with other licensed professionals in counseling as necessary, protecting your confidential information, to gain guidance for your treatment. We may use your information to contact you (e.g. mailings). We may call, email or text to remind you about upcoming appointments. If you are not home, we may leave this information on your answering machine, or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. Finally, we may release some or all of your health information when required by law.

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If Collaborative Counseling is sold, your health information will transfer to the new owner(s), who will continue to protect your privacy under the same legal standards. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use the address or telephone number you have on file with us. You have the right to transfer copies of your health information to another practice. You may have the right to see or receive a copy of your health information, unless there is a reason by law or contract why your therapist would not disclose the information. You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add the new information. You also have the right to receive an accounting of disclosures of your information (for the past six years) that were not for treatment, payment, or health care operations.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact the Owner of Collaborative Counseling, Naomi Doriott Larson, via phone at 763.210.9966 or via email at naomi@collaborativemn.com. We will not retaliate against you for filing a privacy complaint.

Minnesota and Wisconsin state laws impose some limitations to your rights to confidentiality. The following is a list of situations in which you may lose your right to confidentiality:

- If use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- If your therapist suspects you have physically or sexually abused or neglected a child or vulnerable adult, your therapist must make a report to the proper authorities. This includes some cases of domestic abuse when a child is exposed to weaponry or is physically threatened and/or used as a weapon.
- If you are pregnant and using a controlled substance such as heroin, cocaine, phencyclidine, methamphetamine, or their derivatives.
- When there is a court order to release your records to the legal authorities.
- If an investigation or disciplinary proceeding is mandated by the licensing board and your information is involved in those proceedings.
- A subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal so long as reasonable efforts are made to give you notice that your PHI has been requested or reasonable efforts are made to secure a qualified protective order, by the person requesting the PHI.
- To defend Collaborative Counseling or our therapist(s) in a legal action or other proceeding brought by you against our clinic or service providers.
- When required by the Secretary of the Department of Health and Human Services in an investigation to determine my compliance with the privacy rules.
- To Business Associates under a written agreement requiring Business Associates to protect the information. Business Associates are entities that assist with or conduct activities on our behalf including individuals or organizations that provide legal, accounting, administrative, and similar functions.

If you are a minor, you have a limited right to privacy, in that your parents may have access to your records. However, if the therapist believes sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Group Therapy: The right to confidentiality is addressed in the group setting. However, Collaborative Counseling Client/Guardian Initials _____

and group therapists are not responsible for any breaches of confidentiality by group members.

There are instances in which individuals associated with Collaborative Counseling have duties that require access to the information you may share for claim processing, scheduling, reports, consultations, etc...

Release of Records

You have the right to review and receive copies of your mental health records upon written request. We encourage you to review these with your therapist, as professional records may contain clinical language that can be sensitive or confusing without context. You have the right to inspect your records at no charge. Electronic copies provided via secure electronic delivery (e.g., encrypted email or secure client portal) are available at no charge. Copies of your records are provided at a reasonable fee as allowed by Minnesota and Wisconsin law.

- In Minnesota, the law allows a retrieval fee per request of up to \$10 plus \$1 per page, subject to statutory caps:
 - \$10 if no records are available
 - \$30 for up to 25 pages
 - \$50 for up to 100 pages
 - \$50 plus \$0.20 per page for pages beyond 100
 - A maximum total charge of \$500 for any request
- In Wisconsin, providers may charge a retrieval fee per request up to \$28.43 plus page fees:
 - \$1.44 per page for pages 1–25
 - \$1.07 per page for pages 26–50
 - \$0.70 per page for pages 51–100
 - \$0.41 per page for pages beyond 100

Please note that your right to access records may be limited if your provider believes release of certain information would be detrimental to your health, as permitted by law.

Crisis Response and Contacting Your Therapist

Your therapist is not immediately available by phone while in session. Please leave a voicemail with your name, number, and the best times to reach you. Your therapist will make every effort to return calls within one business day (Monday–Friday). If you have not heard back within two business days, please reach out again. Therapists do not check messages on evenings, weekends, or when out of the office. If your therapist is unavailable for an extended period, you will be provided with a backup contact for urgent, non-emergency needs.

Collaborative Counseling is an outpatient mental health clinic and is not equipped to provide emergency services. If you are experiencing a crisis or emergency, call 988 (Suicide & Crisis Lifeline), dial 911, or go to the nearest emergency department.

Phone consultations with clients outside of scheduled sessions are not a standard part of care. Please document any concerns between sessions and bring them to your next appointment. With your signed authorization, we are glad to collaborate with prescribing physicians, schools, or other providers involved in your care.

Telehealth Services

Telehealth involves providing health care delivery, diagnosis, consultation, treatment, transfer of protected health information, and education using synchronous or asynchronous audio, video, or data communications. Collaborative Counseling utilizes HIPAA-compliant video conferencing platforms (e.g., Zoom for Healthcare, Google Meet). If technical issues arise, please immediately inform your therapist to explore alternatives.

Our providers can only provide telehealth to clients located in states where they are licensed (Minnesota and Wisconsin). If you will be outside these states during a session, please inform us so we can reschedule or make appropriate arrangements. If a session is interrupted and we cannot reconnect, and we are concerned about your safety, we may contact your emergency contact or request a wellness check.

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- **Identity Verification:** We may ask you to provide a valid form of identification (e.g., driver's license or other government-issued ID) before starting telehealth services.
- **Privacy and Security:** We use secure methods to ensure confidentiality for telehealth sessions. However, you're responsible for securing your own devices and ensuring a private environment. We strongly recommend password-protecting your devices and logging out completely after each session. Be aware that shared devices could compromise your privacy. If another individual is present or can overhear your session, confidentiality cannot be guaranteed, and you agree to waive confidentiality in such circumstances.
- **Risks of Telehealth:** Despite security measures, telehealth involves risks, including possible interruptions, technical issues, or unauthorized access. You acknowledge these risks and agree to proceed with telehealth understanding these limitations.
- **Effectiveness and Appropriateness:** Telehealth may not always be as effective as face-to-face therapy. We will regularly assess if telehealth is suitable for your needs and recommend in-person care or alternative services if necessary.
- **Technical Difficulties:** If technical issues disrupt your session, please attempt to reconnect within 5 minutes. If reconnection isn't possible, call Collaborative Counseling at 763-210-9966 for guidance.
- **Audio/Video Recording:** You and your therapist agree not to record sessions unless explicitly agreed upon in writing. We explicitly object to any unauthorized recording of sessions. Recordings made for security or legal reasons are not part of your health record and are not subject to confidentiality protections.
- **Consent for Telehealth:** By signing below, you voluntarily consent to receiving assessment and treatment via telehealth methods when applicable, including email and text, as appropriate. You acknowledge having had the chance to ask questions about telehealth and understand your rights and responsibilities.

Use of Artificial Intelligence (AI) in Documentation

Collaborative Counseling may use HIPAA-compliant artificial intelligence (AI) tools to assist therapists with creating documentation such as progress notes or treatment summaries. These tools are used only to support record-keeping — all treatment decisions are made by your therapist, not AI.

- Only the minimum necessary information is used.
- Your information remains confidential and protected under HIPAA and state law.
- If you prefer not to have your information processed using AI tools, you may opt out at any time by submitting a written request to Collaborative Counseling (admin@collaborative-counseling.com). Your decision will not affect your care.

By signing this informed consent, you acknowledge that you understand Collaborative Counseling may use AI technology in documentation and that you have the right to opt out in writing.

Emailing or Text Messaging Your Therapist

At Collaborative Counseling, we value clear and convenient communication. Email and texting offer convenience but are not completely secure or confidential. Although we use security measures to protect your information, complete security cannot be guaranteed with electronic communication and your signature of this policy acknowledges your consent.

- **Communication Guidelines for Emergencies:** Never use email, text, or fax for mental health emergencies. If you're experiencing an emergency, please call emergency services as outlined in our section titled "Crisis Response and Contacting Your Therapist".
- **Therapeutic Content:** Email and texts are best reserved for scheduling or modifying appointments. Please avoid sending sensitive therapy-related content electronically. If you must send confidential information via email or text, notify your therapist, and confirm they agree to this form of communication.
- **Response and Fees:** Your therapist may not check emails daily. If responding to emails outside session times requires more than five minutes, charges may apply, billed in 15-minute increments. Please note this service is not billable to insurance and would be due upon service.
- **Legal Record:** Be aware that any communication via email or text may become part of your legal health record and could be disclosed if subpoenaed.

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- **Your Preferences:** If you prefer to limit or avoid email or text communication for confidentiality reasons, please discuss this with your therapist. Choosing to communicate electronically indicates that you understand and accept the associated risks.

How to Acknowledge in Public Settings

If one of our staff or therapists happens to see you outside of our counseling office setting in the public, we will only acknowledge you if you greet or acknowledge us. This is to respect your confidentiality.

Social Media Policy

Collaborative Counseling maintains a presence on social media platforms for marketing and community education purposes. To protect your confidentiality, we encourage you to carefully consider the public nature of social media before “liking,” “following,” or otherwise engaging with our pages.

Please do not use social media messaging (e.g., Facebook, Instagram, LinkedIn, or Twitter/X) to communicate about your treatment. These platforms are not secure, and such communications could compromise your privacy. Any online interactions with Collaborative Counseling or your therapist may also create the possibility of being included in your clinical record. Our providers do not accept friend or follower requests from clients on personal social media accounts in order to protect confidentiality and maintain professional boundaries.

If you have questions about appropriate ways to communicate with us, please contact your therapist directly or our clinic administrative team.

Financial Responsibility

Most health insurance plans include behavioral health coverage; however, the exact coverage varies widely with the different health insurance plans. Clients are responsible for services received not covered by insurance; therefore, we strongly recommend you call your insurance company to verify your coverage. When you call your insurance company, ask to verify your coverage for outpatient mental health. It is also your responsibility to keep us up-to-date with any changes in your benefit plan or insurance coverage. We understand that insurance can be complex, but we are not responsible for verification of your insurance benefits and we cannot be held responsible for insurance coverage denials.

If you are uninsured or choose not to use insurance, you are entitled to a Good Faith Estimate of the expected cost of your care. We will provide this at intake or upon request, in compliance with the No Surprises Act.

Cancellation and No Show Policy

We require at least 24 business hours’ notice if you need to cancel or reschedule your appointment. For Monday appointments, cancellations must be made by Friday at 4:00pm. Please remember that missed appointments not only affect you, but also take away an opportunity for another client to be seen.

- Late cancellations or no-shows will be charged \$125 (not billable to insurance). The card on file will be charged at the time of the missed appointment, unless you have made prior arrangements.
- Exceptions are limited to serious illness or emergency. Work conflicts are not considered emergencies. If transportation is an issue, we can usually switch to telehealth instead of canceling.
- If you are more than 15 minutes late, your appointment may be considered a no-show and subject to the same fee.
- Frequent late cancellations or no-shows (3 or more in 6 months, or 2 in a row) may result in ending treatment at Collaborative Counseling.

Public Health and Safety

Collaborative Counseling is committed to maintaining a safe environment for clients and staff. In the event of public health concerns (such as flu outbreaks, COVID-19, or other public health emergencies), we may require additional precautions such as mask use, social distancing, rescheduling sessions, or switching to telehealth. Clients are expected to avoid in-person sessions when experiencing symptoms of contagious illness. Choosing to attend in-

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person sessions despite these risks means you accept the possibility of exposure to infectious disease.

Cases Involving the Legal System

Collaborative Counseling does not provide services for court evaluations, custody disputes, disability determinations, or other legal matters. If you need these services, we will gladly refer you to providers who specialize in forensic or court-related evaluations. If we are subpoenaed or legally compelled to appear in court, you will be responsible for all related costs. These include preparation of records and/or reports, consultations with attorneys or other professionals, travel time, and court appearances. These services are not covered by insurance and must be paid in advance. Our current fee for any court-related work is \$450 per hour. This fee applies regardless of whether or not testimony is ultimately required.

Treatment of Minors

Treatment of children and adolescents is best done with the involvement of their caregivers and parents. Children with unmarried or divorced parents typically benefit from regular contact with both parents, unless it can be shown that this contact threatens the child's safety or mental health. We ask parents to respect the child's confidentiality of their sessions to help therapy be effective. We will, however, inform parents of important themes, progress or any safety concerns. Both parents have the right of access to medical or mental health treatment, regardless of custody, unless the custodial parent provides us with a court order limiting access or communication.

Parents may have access to their child's medical records; however, with mental health records it is often determined that it may not be in the best interest of the child or adolescent to share everything. Minnesota and Wisconsin law entitles parents with legal custody to information regarding their child's treatment and generally entitles parents to copies of their child's health records, but exceptions apply in mental health care. Therapists may provide a summary or withhold certain parts of records if releasing them could cause harm, as permitted by law. Parents are encouraged to meet regularly with their child's therapist and to stay informed about what is occurring in therapy.

Minor consent and confidentiality rights:

- **Minnesota:** Minors age 16 and older may legally consent to their own outpatient mental health treatment. For treatment they consent to independently, the minor also controls confidentiality and the release of those records.
- **Wisconsin:** Minors age 14 and older cannot initiate treatment without parental consent, but they do have confidentiality rights regarding their records. A minor age 14 or older may consent to the release of their own mental health records without parental involvement.
- For minors younger than these thresholds, or for services where parental consent was required, parents or guardians generally control access to records.

Even when minors hold confidentiality rights, there are exceptions — including situations involving court orders, danger to self or others, or mandatory reporting. In all cases, therapists will encourage healthy family communication while following applicable state law.

- **Custody Considerations:** In cases of joint (split) legal custody between parents or guardians who are not married or cohabitating, we require both parents' authorization and signature for treatment of their minor child/children. We believe it is best to identify and resolve potential parental conflicts or disagreements before treatment begins. We will not proceed with treatment if one parent is unavailable or unwilling to consent and we do not have a note from the child's medical doctor determining that it is appropriate to proceed with the consent of only one parent.
- **Therapist Role:** Therapists provide a neutral, supportive space for the child. We do not make custody recommendations or provide court evaluations. Information shared by one parent about the child may be shared with the other parent if it is relevant to the child's well-being.
- **Parental Communication:** Parents are expected to communicate with each other regarding treatment. We do not provide duplicate session updates to each parent unless a separate arrangement has been made. Therapists may recommend collaboration with pediatricians, schools, or other professionals when it is in the best interest of the child.

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Counseling with children is done with the goal of providing an emotionally neutral setting to process concerns and emotions. Therapy is most effective when it is not used as a tool in disputes between parents or between parents and children.

Ending Treatment

You have the right to end therapy at any time. We encourage you to discuss your decision with your therapist and, when possible, schedule one or more final sessions to bring closure to your work together. During this time, we can also provide referrals if you wish to continue care elsewhere.

Collaborative Counseling also reserves the right to end therapy when it is clinically or administratively necessary. Reasons may include, but are not limited to: nonpayment of fees, repeated missed sessions, failure to follow treatment recommendations, conflicts of interest, disruptive or abusive behavior, or treatment needs that fall outside the scope of our services and/or the specialties of your therapist. If therapy is ended by us, we will make reasonable efforts to provide adequate notice of transitioning your care, referrals to other providers and/or resources.

If at any point you or your therapist believe that therapy is not effectively helping you meet your goals, this will be openly discussed. If appropriate, treatment may be concluded and referrals offered to help you find a better fit.

Client Bill of Rights

As a consumer of mental health services, you have the right to:

- 1) expect that the provider has met the minimal qualifications of training and experience required by state law;
- 2) examine public records maintained by the licensing boards in Minnesota and/or Wisconsin that contain the credentials of the provider;
- 3) obtain a copy of the Rules of Conduct for Minnesota at: www.revisor.mn.gov/statutes/cite/144.651; if in Wisconsin, you can find these rules at: www.dhs.wisconsin.gov/clientrights/intro.htm;
- 4) report complaints to the Board of Behavioral Health and Therapy (if services are received in Minnesota) or to the Wisconsin Department of Safety and Professional Services (if services are received in Wisconsin);
- 5) be informed of the cost of professional services before receiving the services;
- 6) privacy as defined and limited by rule and law;
- 7) be free from being the object of unlawful discrimination while receiving counseling services; have access to your records [For MN as provided in part 2150.7520, subpart 1, and Minnesota Statutes, section 144.292, except as otherwise provided by law; For WI as provided in Wis. Stat. § 51.30];
- 8) be free from exploitation for the benefit or advantage of the provider;
- 9) terminate services at any time, except as otherwise provided by law or court order.

Rates

Billing Code	Service	Length of Visit	Fee for Service
90791	Intake	45-50 minutes	\$350
90832	Psychotherapy 30 minutes	16-37 minutes	\$120
90834	Psychotherapy 45 minutes	38-52 minutes	\$225
90837	Psychotherapy 60 minutes	53 minutes plus	\$275
90847/90846	Family/Couple Therapy	45-50 minutes	\$250
90785	Interactive Complexity (add-on)	n/a	\$100
90839/90840	Psychotherapy for Crisis	Add 60/30 minutes	\$275/\$150
90853/90849	Group Therapy	60-90 minutes	\$125/\$275
96150-96154	Health/Behavior Assessment	15 minute units	\$75/unit
H2019	DBT Group Therapy	15 minute units	\$75/unit
96130-96139	Psychological and Neuropsychological Testing	60 minutes	\$275
96116	Neurobehavioral Status Examination	60 minutes	\$275
90887	Feedback Review of Assessment	60 minutes	\$275
97532	Cognitive Rehabilitation	15 minute units	\$65/unit
Billed to client	Phone Calls, Letters, Emails or Reports	15 minute units	\$65/unit
Billed to client	Court Appearances or any legal request	Varies	\$450 per hour
Billed to client	Late Cancel or No Show	n/a	\$125

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Client Information

Client's name: _____ Date of birth: _____

Address: _____
Street City State Zip Code

Home phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email address: _____

Do you consent for the use of your email by Collaborative Counseling? YES___ NO___

Employer (Note: if intake is for child, write employment for both parents.)

Name of Employer: _____ Address: _____

Primary Insurance Information

<i>Carrier</i>	<i>Provider Phone Number</i>	<i>Policy ID</i>
<i>Group Number</i>	<i>Policy Holder Name (if not client)</i>	<i>Policy Holder Date of Birth</i>

(If Applicable) Secondary Insurance Information

<i>Carrier</i>	<i>Provider Phone Number</i>	<i>Policy ID</i>
<i>Group Number</i>	<i>Policy Holder Name (if not client)</i>	<i>Policy Holder Date of Birth</i>

Collaborative Counseling, LLC reserves the right to change the policies, practices, and procedures described in this document. You will be notified in writing of any significant changes. By signing below, I acknowledge that I have received, read, and understand Collaborative Counseling's policies and procedures, including the Notice of Privacy Practices (HIPAA). I consent to participate in treatment and agree to abide by all clinic policies, including those related to billing and payment. I understand that I am financially responsible for all charges incurred for services provided to me (and/or my minor child) and consent to payment in accordance with the clinic's billing policy. I authorize Collaborative Counseling, LLC to pursue payment for any outstanding balance as described in the billing policy. I confirm that all of my questions have been answered to my satisfaction. I am of sound mind, fully competent, and freely provide my informed consent to receive therapy for myself and/or my minor child.

Signature (Client or Legal Guardian if client is under 18)

Date

Signature (Client or Legal Guardian if client is under 18)

Date

Relationship to Patient (if patient is a minor). Check below to indicate custody status if patient is a minor:

- ☐ Parents are married to each other and both are legal parents of the child/minor.
- ☐ I am a single parent, with legal and physical custody of the child/minor.
- ☐ The child's other parent and I share legal custody. Consent must be obtained from other parent to continue services beyond the initial appointment.
- ☐ The child is in custody of the State of Minnesota or Wisconsin. County: _____

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Billing Information and Policy

Our billing policy outlines your financial responsibilities for services received at Collaborative Counseling. Please read carefully and initial each section to indicate your understanding and agreement.

Please initial each item:

_____ **Payment at Time of Service:** All co-pay, co-insurance, sliding fee scale, payment plan, and deductible amounts are due on the date of service. If payment is not made at the time of service and no prior arrangement has been made, your credit or debit card on file will be charged for the amount due.

_____ **Statements:** Clients will not receive statements for services billed directly to their insurance company. We typically do not send statements if your account is paid in full at each visit or if claims are still pending with your insurance.

_____ **Non-Covered or Denied Services:** Any services not covered or denied by your insurance plan are your responsibility. If payment is not received on the date of service, these charges will be billed to your card on file either on that date or upon notification of denial. Receipts for all credit or debit card transactions will be included with your statement. Unpaid balances are subject to late fees as permitted by law.

_____ **Late Cancellation and No-Show Fees:** A late cancellation or no-show fee will be charged to your card on file if you miss an appointment or cancel without providing at least 24 business hours' notice. This policy applies to all clients, including those using insurance, sliding fee scales, or payment plans.

_____ **Default and Collections:** By signing below, I understand and agree that if I default on any payment obligations under this agreement, Collaborative Counseling, LLC may refer my account to a collection agency after reasonable attempts to contact me. An additional fee of up to 30% may be added to cover the cost of collection. I agree to pay all costs associated with collection, including agency fees, court costs, and attorney fees.

Credit Card Information

Collaborative Counseling requires all clients to keep a credit card on file in accordance with the above billing policy. By signing below, you authorize Collaborative Counseling, LLC to charge your card for any payments that are your responsibility, including co-pays, late cancellation fees, or unpaid balances.

I acknowledge that I have read, understand, and agree to the billing policy above. I consent to the use of my credit card for any balance due. I also understand and consent that, should I default on payment and fail to resolve my balance, Collaborative Counseling, LLC may forward my account information to a licensed collection agency for recovery of the outstanding balance.

Signature of Credit Card Holder, Authorizing Payment

Date Signed

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Authorization to Share Information Between Providers

Collaborative Counseling, LLC works with both employees and independent contractor therapists who are part of our professional team. To provide coordinated, high-quality care, our therapists may, when appropriate, share relevant protected health information (PHI) with each other. This allows us to ensure continuity of care and better support when:

- Multiple members of the same family receive services at Collaborative Counseling, and/or
- A client sees more than one therapist or provider within our practice.

Any information shared internally is limited to what is necessary for treatment coordination, supervision, scheduling, or other clinic operations. All therapists and staff are bound by HIPAA and confidentiality agreements.

Please indicate your choice below:

- ☐ **I agree** to allow Collaborative Counseling providers and staff to share my PHI with each other for purposes of treatment coordination, supervision, and clinic operations.
- ☐ **I do not agree** to allow my information to be shared internally between providers.

You may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on your prior consent. Revoking this authorization will not affect your ability to continue receiving care at Collaborative Counseling. Certain limited uses and disclosures of PHI may still be permitted or required by law, as described in our Notice of Privacy Practices (HIPAA).

Signature of client (or parent/guardian if under age 18)

Client/Guardian Initials _____