



Consent for Treatment

I hereby authorize Step By Step Counseling Hawaii/Jessica Logan, LCSW to provide counseling, diagnosis and treatment according to the professional standards and her own professional judgement. I understand that my psychotherapy treatment is a working cooperative relationship and that my participation greatly impacts the results. No promises have been made to me as to the results of treatment nor of any procedures provided by this therapist.

Communication between my therapist and myself is confidential. My therapist will not discuss my case orally or in writing without my expressed written permission, with the exception of the following (for ethical and legal reasons): 1) There is reason to believe there is an occurrence of child or elder abuse or neglect. 2) There is reason to believe that I have serious intent to harm myself or someone else. 3) My records are subpoenaed by a court of law.

I acknowledge that participation involves both known and unanticipated risks that could result in physical or emotional injury or damage to myself or others. These risks include but are not limited to: emotional stress, vigorous physical, mental and intellectual activity; the possibility of slips, falls, bruises, sprains, lacerations, fractures, animal bites/stings, concussions, more severe life threatening hazards or death.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel, do not show up or arrive over 30 minutes late, I will be charged for that appointment in the amount of \$50.00. I also understand it is the policy that Step By Step Counseling/Jessica Logan will no longer continue to see me if I either miss two consecutive appointments, or there is any other significant pattern of tardiness/missed appointments.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I assign and authorize payment directly to Step By Step Counseling Hawaii and/or Jessica Logan, LCSW for any insurance or health plan benefits otherwise payable to me. If payment for the services I receive here is not made, the therapist may stop my treatment. I understand that I will personally assume financial responsibility for all fees or charges arising from the services provided, regardless of whether the services were requested by me or necessitated by other circumstances including, but not limited to subpoena or other court process. I understand that I will pay any charges which are not covered by insurance or third party payers including deductibles, exclusions, and co-payments, at the time of service. Unless other formal payment agreement is arranged, I understand that any balance unpaid for greater than 60 days may be subject to additional monthly charges of 3% for maintaining and billing the account, and/or to the use of legal means to secure payment, including the use of collection agencies or small claims court. If such legal action is necessary, the costs will be included in the claim.

I understand that the fees for services by Step By Step Counseling Hawaii/Jessica Logan are currently \$150.00 for a 50 minute "hour" for individual services provided in her office and \$200 for a 50 minute "hour" for family services. There is a fee of \$150.00 per 50 minute "hour" for services provided out of her office and \$200.00 for an initial appointment. These fees may be pro-rated for periods of less than or greater than an hour. Fees may apply to direct contact such as therapy, as well as related activities such as preparation of written summaries or reports, or extended telephone contacts. I understand that I will pay an estimated copay fee of \$20 at time of service. This fee will be adjusted in a balance refunded or billed dependent on my insurance coverage and reimbursement.

I certify that I have legal standing to authorize these services; or that I have legal custody and/or other required legal standing to request and authorize professional psychological services for my child or children. I hereby freely and voluntarily give my signed authorization and consent for psychotherapy treatment by Jessica Logan.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client

Step By Step Counseling Hawaii
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