

AUTHORIZATION AND INFORMED CONSENT

- I clearly understand that I am ultimately responsible for payment to Alive and Wellness Associates, LLC for any and all services rendered due at the time of the visit or upon receiving a statement for any outstanding balances owed. Any balances owed and not paid within 30 days will force us to limit future credit until the previous balance is paid in full, or until a written legally binding, financial payment plan document has been executed. If you are experiencing a set of circumstances out of your control, please talk with me, and I and we will establish a mutually agreeable financial payment plan. I also understand that if I suspend or terminate my care and treatment, any outstanding balance will be immediately due and payable.

- I understand that a twenty-four (24) hour notification is an expected courtesy to the therapist who is reserving time for you and to other clients who are waiting to schedule appointments. You must give a 24 hour advanced notice to cancel an appointment. The advance notice is standard in our profession. If you are more than 15 minutes late for your appointment, it is considered a missed appointment and you will be responsible for the fees for that session. If you miss or fail to cancel an appointment within 24 hours, you will be charged the entire session fee. Please call when you need to cancel. Payment for the missed session must be timely or we cannot continue to schedule appointments.

- My signature below indicates that I voluntarily agree to participate in the assessment and counseling as offered by Alive and Wellness Associates, LLC. I acknowledge that no guarantees have been made to me regarding the outcome of my therapy. I understand my rights and responsibilities as stated in this document. I acknowledge receipt of this document and all the information contained in this document along with the HIPAA Privacy Practices. I agree that my therapist may withdraw and will not be obligated to provide counseling services if I fail to abide by the terms specified in this document. By my signature below, I certify that I am not under a legal disability that prevents me from understanding the terms of this agreement, and I accept all the terms and conditions as herein stated.

- It is understood and agreed that I as a client will never tape a session without the express written consent of the therapist. Any acts to tape a session without the knowledge of the therapist invalidates the client/therapist relationship contracted herein.

Client Signature(s) - _____ Date: _____

Alive and Wellness Associate, LLC
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