mbh&p
Mind/Body Health
& Psychology, LLC.

Consent Form

Receipt of Privacy Notice

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices.

Financial Terms

Upon your request, your insurance carrier will be billed for you. You will be responsible for any applicable deductibles, co-insurances amounts, and co-pays. Co-pays are to be paid at the time of your appointment. If insurance does not pay for services, you will be responsible. The fee schedule for services is as follows:

Diagnostic Assessment (50 minutes) $250
Individual Psychotherapy (50 minutes) $150
Couples/Family Psychotherapy (50 minutes) $175
Group Therapy (45-50 minutes) $75
Report Writing (60 minutes) $150

Mind/Body Health & Psychology, LLC serves all clients regardless of inability to pay. MBH&P has made available discount services for those in need through the Sliding Fee Discount Program. For more information, or to apply for the Sliding Fee Discount Program, please see receptionist for an application.

Emergency Procedures

If you need to contact us, leave a message at 340-715-6463 and your call will be returned within 24 business hours. If an emergency situation arises, call 911 or go to the emergency room at Schneider Regional Medical Center.

Missed Appointments

It is your responsibility to keep your scheduled appointments. If you must reschedule your appointment, please make every effort to contact us ahead of time, preferable at least three days in advance. **If you cancel your appointment with less than 24 hours notice, you will be charged $75 cancelation fee.**

Consent for Treatment

I authorize and request that my treating provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may be at times difficult and uncomfortable.

I understand and agree to all of the above information.

_____ _____
Signature Date

_____ _____
Printed Name Date of Birth