

Consent for Treatment and Office Policies:

I, _____, authorize that Naomi C. Babcock LCSW can provide psychotherapy services for my child _____ or myself.

I. Custody and Guardianship:

- A. Consent for services can only be authorized by a current legal guardian.
- B. If parents are separated then consent must be given by both parents.
- C. For divorced parents, consent may be given by the parent authorized to make medical decisions, although needs co-signature by other parent if possible.

II. Confidentiality & Release of Information:

No information will be released about your child's psychological services without your written consent with the following exceptions:

- Insurance companies requesting dates of service and diagnostic codes and to authorize sessions, sometimes additional information must be released.
- The law requires that if there is any suspicion or evidence of child abuse or intent to harm oneself or others, Naomi C. Babcock must report to the appropriate authorities

III. Insurance Matters and Fees: (see fee scale for full list of billable rates)

A. Accepted forms of payment: Cash, Check, Credit Cards (Visa, Mastercard, and Discover only).

B. No-shows and Late Cancellations: A fee of \$50 will be assessed for no-shows and cancellations (with the exception of one grace miss). These instances will not be evaluated on a case to case basis and credit card must be left on file for these purposes. You will receive a reminder call as a courtesy, but **client is expected to know when appointment is scheduled.**

C. Form provided must be completed stating client has made attempt to verify insurance benefits and any needed pre-authorization before the first session and with any change of insurance (see credit card form regarding applicable penalty).

D. If details for insurance are unclear at the first session, then the client or parent will be responsible for the full charge and overpayment will be applied to future sessions.

E. Only one attempt will be made to bill a clients' secondary insurance if one exists. Beyond

this, client is responsible for the amounts not covered by primary insurance upon receipt of secondary insurance explanation of benefits denial.

Parent/Guardian Signature verifying understanding and agreement to the above terms:
