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NEW CLIENT INFORMATION AND CONSENT FOR TREATMENT

The following information pertains to Financial Policies and Consent for Treatment. This information may answer your questions regarding policy, but if you have special concerns, please do not hesitate to discuss them with Dr. Logan at the **first session**. Please read this information carefully and signify your acknowledgment by signing at the bottom of this page in the space provided.

THERE IS A CHARGE OF \$200.00 FOR THE INITIAL SESSION. All subsequent sessions are \$180.00 per hour. The usual therapy session hour is 45 minutes. Please discuss your insurance / managed care provider circumstances with Dr. Logan during the first session. Except under extraordinary circumstances, CLIENTS WILL BE BILLED THE USUAL HOURLY FEE FOR ALL APPOINTMENTS NOT CANCELED WITH AT LEAST 24 HOURS NOTICE. CANCELLATIONS FOR MONDAY APPOINTMENTS MUST BE MADE BY 4:00 PM ON FRIDAY. PLEASE NOTE THAT THE CLIENT IS ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED DURING TREATMENT.

STATEMENT OF CONFIDENTIALITY: Under Georgia Law, communications between clients and psychologists are confidential, and under ordinary circumstances only the patient can waive this privilege. **However, there are the following clear exceptions in which a psychologist is legally and ethically bound to break confidentiality, and informed consent for release of information is not required:** (1) a client appears to be in danger to self or others, (2) a minor is endangered by abuse or neglect, i.e., child abuse, (3) information is subpoenaed by a Court of Law. Disclosure under these conditions is at the discretion of the psychologist and will be done in accordance with state laws and professional ethics guidelines.

I understand my rights concerning confidentiality, insurance / managed care and provider requirements, and the payment of fees for services rendered. I hereby voluntarily request services for myself or a minor member of my family.

Signature of Client: _____
(If client is a minor, parent or guardian must sign on this line)

Date: _____