**Family Therapy Center of Northern Virginia, llc (FTC) INFORMED CONSENT: Level One, Licensed Clinicians**

Services provided are confidential from those outside of the treatment unit unless someone is in significant danger of hurting himself or others, if there is suspicion of child or elderly abuse, the abuse of a disabled adult, if there is a court order, or if there is written consent giving FTC permission to speak outside of the treatment team. If several members of the family are in treatment with FTC, information shared by one family member is not necessarily confidential from others in treatment unless so specified. \_\_\_\_\_\_\_\_ **(Initial)**

Children in treatment who are from separated/divorced homes wherein both parents share legal custody, may not participate in therapy if one parent objects. Both parents need not be involved in sessions for treatment to take place. \_\_\_\_\_\_\_\_ **(Initial)**

Clinicians at FTC are private clinicians and use their own Tax Id #, etc. \_\_\_\_\_\_\_\_\_ **(Initial)**

FTC does not submit to insurance companies. However, statements will be given to clients that will allow reimbursement from insurance if applicable. Please note that using insurance requires a Mental Health Diagnosis and some insurance companies require specific information about issues and progress. Initialing below gives FTC permission to release information when applicable. \_\_\_\_\_\_\_\_ **(Initial)**

FTC does NOT offer on-call or after hours emergency services. In the event of an emergency, call 911 or go to the nearest emergency room for help. \_\_\_\_\_\_\_\_ **(Initial)**

A patient privacy rights/HIPPA document was made available to you\_\_\_\_\_\_\_\_ **(Initial)**

Fee Structure: Therapy Related\_\_\_\_\_\_\_\_**(Initial)**

Group Fee: $65.00 per session

Parent Session: $90 for 30 min, $130 for 45-50 min

Phone Call with other professional i.e. other mental health provider, school personnel, family lawyer: $90 for 0-30 min, $130 for up to 50 min

FTC is using Cayan to store and process Master Card and Visa credit/debit cards. Cayan is PCI compliant. Checks are always accepted. \_\_\_\_\_\_\_\_ **(Initial)**

Fees: Written Reports for Court, Physicians, School & Other\_\_\_\_\_\_\_\_ **(Initial)**

Court/other reports take hours of organization and planning. The fees reflect time spent and the document produced. Insurance will likely NOT reimburse for reports.

* One Page Document............$150
* Two –Three Page Document.... $300
* Four –Five Page Document...$500
* Six –Seven Page Document......$750
* $100 additional per every page over seven  Court Related Fees\_\_\_\_\_\_\_\_**(Initial)**

Attending court requires hours of preparation and organizing of information and requires that all other FTC counseling clients be cancelled for that day. Sometimes the therapist is asked to reveal sensitive information that may reflect poorly on the client or the parents of the client. Whenever possible, FTC prefers to NOT testify. If attendance in court is necessary, the fees are quite costly to accommodate the above stated information. Fees for court appearance and depositions are for time spent, NOT for any testimony given or not given. Fees are as follows:  Each Day of Scheduled Court or deposition- Whether Testimony is Given..................$1,200 If court/deposition is cancelled for any reason, the fee is NOT refundable.

See Reports Fee Schedule for additional fees should reports be needed for court as well. Court Fees are Due Ten Days in Advance of Court.

**I agree to the items listed in this informed consent.**  x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent & Date  x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Mother

 x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent & Date  x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Father