

The Barrington Center for Counseling and Psychotherapy

We appreciate the confidence you have placed in us by making this initial appointment. Please read this contract carefully and discuss any questions or concerns you might have with your counselor.

I agree to engage BCCP and its practioners to render consulting and psychological services to:

Please enter patients name above

I understand that if I choose to use insurance, BCCP will contact my insurance company to inquire about available mental health benefits, and will share that information with me as a courtesy only, and not as a guarantee of payment.

I understand that if my insurance is a “managed care” type of benefit, my BCCP doctor/counselor is required to submit a “treatment plan” to the managed care contractor. This usually includes diagnosis, description of the problem, personal background information, treatment goals and therapy methods. My signature gives BCCP the permission to submit this information on behalf of myself (or my minor) if I choose to utilize my insurance benefit.

I understand that payment is due at the time of service. If benefits have been verified, I am responsible for the co-pay portion at each session. Otherwise, I will pay in full.

If my insurance carrier changes, I agree to contact BCCP with that information and readjust my co-pay accordingly if necessary.

I agree to contact my insurance company to expedite payment to BCCP if payments are not made promptly (over 30 days). I also agree that in the event that I receive insurance payments directly from my carrier, I will promptly remit that amount of payment to BCCP.

I understand and agree to give 24 hours prior notice if unable to keep an appointment. Since insurance companies cannot be billed for missed appointments, I understand that it is my sole fiscal responsibility.

I understand that my doctor or counselor may be required by law to release information without my approval to specific professional and others if:

- There is a clear and serious danger of harm to anyone
- A judge required specific information in a court case
- It is suspect that a criminal offense of child abuse has occurred.

I understand that this consent can be revoked at any time by submitting a written notice to BCCP.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE.

Patient/Guardian

Date

Witness

Date