

Kristine Hutchison, PhD, LLC
4055 Executive Park Drive, Suite 210
Cincinnati, OH 45241
513-469-6226

CONSENT FOR TREATMENT - MINOR

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document as the parent or guardian of the minor child, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Appointment and Fees

Appointments usually last about 45 minutes. I encourage you to arrive a few minutes early so we can start on time and use the full time allotted for your session. All sessions will need to end on time.

My fee for the initial assessment is \$130. This session is mostly for collecting information. During this time, I gather history about you and the reasons you chose to start therapy. We will talk about the goals you want to achieve and will develop a treatment plan which will guide the therapy process.

Subsequent treatment sessions are \$120. Please know the time scheduled for your appointment is assigned only to you. Therefore, if you need to cancel or reschedule a session, please contact me at least 24 hours in advance. For appointments missed or not cancelled within 24 hours, there will be a \$60 missed session charge. I understand emergencies arise. Please call me so we can discuss any unforeseen circumstances.

Payment is due at the beginning of the session. I accept cash, check or credit cards. Credit cards include HSA or FSA cards. Any checks returned to my office are subject to an additional fee of up to \$20 to cover bank charges. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

Insurance

I do not accept insurance reimbursement. However, I will supply you with a receipt of payment for services, which you can submit to your insurance company for possible reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider in your network, I can refer you to a colleague.

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Confidentiality

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Clients Rights and Responsibilities as directed by the State of Ohio. You have been provided with a copy of that document. In summary, it is important to understand that the matters discussed during sessions are kept confidential. There are certain exceptions which include: (1) you give me written permission to share this information, (2) you indicate you do not feel you can keep yourself safe, (3) you believe you are a safety threat to someone else, (4) someone else is threatening your safety, or (5) the safety of a child, disabled, or elderly person is at risk.

Contacting Me

Office hours are generally Mondays, Wednesdays, and Thursdays from 9 am until 5 pm. You may leave a message on my confidential voice mail and your call will be returned within 1-2 business days. If you do not hear from me, if I am unable to reach you, if you feel you cannot wait for a return call, or if you feel unable to keep yourself safe - please do not hesitate to call 911 or go to your nearest Emergency Department.

Consent to Treatment

Your signature below indicates that you have read this Agreement and the Client Rights and Responsibilities and agree to their terms as the parent/guardian of the minor child.

Minor Name (print) _____

Parent/Guardian signature _____ Date _____

Parent/Guardian Name (print) _____

Clinician signature _____