Center for Authentic Living, Inc.
Park Ridge
Phone: 847-720-4773
E-mail: center4authenticliving.com

Patient Name_____ Date of Birth_____

Legal
Guardian_____Address_____

Fees: Individual Therapy: $150 **Initial Assessment/Interview**: $175

Letter Writing: $35 **Group Psychotherapy**: $75

INFORMED CONSENT TO TREATMENT AND/OR EVALUATION

I hereby authorize the psychological treatment and/or evaluation of myself (or the above named child) by Mari Richko, LCPC. I have discussed stated goals of psychological treatment and/or evaluation and I understand that I have the right to ask my therapist information regarding diagnosis, goals for treatment, and estimated length of treatment. When Mari Richko LCPC agrees to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), she takes reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the therapist's role and the probable uses of the services provided or the information obtained.

I understand that personal notes taken by Mari Richko, LCPC. represent personal work product of my therapist and as such, remain her sole property. I understand and agree that Mari Richko, LCPC. may properly retain such documents in my file according to professional standards. She is not required to release personal notes about my care, since these represent work product, and are not part of the formal psychological record. Typewritten reports about my care can be sent out if I provide proper written authorization, and this will be done according to professional standards.

I have been informed of the procedure for reaching Mari Richko, LCPC. in the event of an emergency. I also understand the policy regarding cancellations and missed appointments. There will be no charge for cancelled or missed appointments if he is given at least 48 hours prior notice. However, a cancellation made less that 48 hours in advance will result in a $90 fee, which must be paid before any further services are rendered, unless there is an emergency. If the client fails to show up to the scheduled appointment and no contact has been made, the full fee will be charged on the client's credit card. This fee will be charged directly to the client's credit card, which is required to be on file.

I understand that this agreement becomes part of my psychological record which is accessible to the parties at will, but to no other person without written consent. Mari Richko, LCPC. will respect my right to maintain confidentiality of information communicated by me or obtained from me during the treatment period. I understand that there are legal limitations of such confidentiality (i.e., cases of suspected child or elder abuse, fear of danger to self or others, or in the event that information is ordered released by Court Order).

FEE AGREEMENT

- I agree to pay in full all fees for services provided and I understand and agree that I am responsible for any charges that are not covered by insurance or any other third-party payor. I also agree to assist Mari Richko, LCPC. in submitting claims for insurance reimbursement.

- I hereby request that payment of insurance benefits be made directly to Mari Richko, LCPC. I authorize her to release to insurance companies any information requested by them to determine their liability for claims submitted to them for reimbursement. This agreement covers the entire period of my relationship with Mari Richko, LCPC.

- Unpaid balances must be paid within two months of the bill. Failure to pay after two months will result in the credit card on filed being charged the full fee. If the client needs to set up a payment plan, that must be done within a 2 month window. If you are still paying off a deductible balance, the fee will be charged to your credit card weekly until it is paid off unless you decide to pay with a check or cash. This amount is due at each time of service.

Patient Signature (or Legal Guardian): _____
Date_____