

LIGHTHOUSE COUNSELING SERVICES

2085 Mecca Rd., Columbus, OH 43224

614-337-1986 614-337-2936

CLIENT STATEMENT OF AGREEMENT

CONFIDENTIALITY

My participation in counseling and the contents of my sessions are confidential, with the following exceptions:

1. My counselor may discuss my case in regular or peer supervision
2. My health insurance company will be informed of my participation in counseling , my diagnosis, and my treatment plan if necessary to authorize payments
3. My counselor will take appropriate steps to prevent actions that involve child or elder abuse, or if he/she believes I am in danger of committing suicide or homicide. **NOTE: Currently occurring child abuse, or danger to self or others must be reported to appropriate authorities according to Ohio law (Penal code 2151.42.1)**
4. I may give my counselor my written permission to discuss my case with other professionals, and I may revoke this permission in writing at any time

FINANCIAL RESPONSIBILITY

- ✓ The counseling fee is \$100 per hour. I understand that the ultimate responsibility for payment of all fees is mine, and I agree to pay for services according to my client fee responsibility as explained by Lighthouse Counseling Services
- ✓ Clients must list insurance information with the initial client information forms
- ✓ I understand that if I have insurance and this insurance covers counseling, Lighthouse Counseling Services will bill my insurance for services rendered
- ✓ I understand that if I do not have insurance I am only responsible for my client fee responsibility as explained in the Overview of Client Services handout, which I have received, read, and understand
- ✓ I understand that cancelled appointments disrupt my progress in treatment and my counselor's schedule, therefore, I agree to pay \$25 or one-half my regular fee (whichever is greater) for any session cancelled with less than 24 hour's notice.
- ✓ I understand and agree that, based upon my income and number of dependents, my client fee responsibility is \$_____.

I understand and agree to the above policies concerning confidentiality and financial responsibility.

A copy of this statement will be presented to me upon request

Print Name

Signature

Date