Mid Cities Psychiatry

Licensed Professional Counselor Form

FEE POLICY

As a service to you, our office will verify' your coverage including your deductible and co-payment, as well as out-of-network benefits in case we are not a provider with your insurance company or third party carrier of your benefits. We will also file your insurance claims unless you tell us otherwise. We suggest that you confirm these provisions with you insurance company. Your insurance policy is a contract between you and the Insurance company. Occasionally, Insurance companies misinform our office about patient's benefits and we do our best to acquire correct information as soon as possible.

All insurance benefits will be assigned to Seema Kazi, MD PA dba Mid Cities Psychiatry. This assignment will remain In-Effect until revoked by client in writing. Although it is possible that mental health coverage deductible may have been met elsewhere, this amount will be collected until the insurance company verifies the deductible payments. Clients are responsible for payment at the time of services. We prefer cash or personal checks, and Credit Card are accepted as a courtesy. If we have not received verification of benefits from your insurance company at the time of your first appointment, the full fee will be charged. If you have overpaid, you will be reimbursed.

Crisis calls over five (5) minutes will be considered a telephone session and will be charged accordingly. (_____) **initial here**

I understand that I am financially responsible to Seema Kazi, MD PA dba Mid Cities Psychiatry for the charges incurred by me and/or my dependents. My signature below acknowledges my total responsibility in paying for any fees not covered by my insurance company.

Name of Patient	Date of Birth
Signature of Patient or Responsible Party (if minor Patient)	Date

CANCELLATION POLICY

- If you need to cancel an appointment you must call at least 1 full business day prior, or you will be billed the full $100 cancellation/no show fee. (_____) **initial here**
- Patients who arrive more than 15 minutes after their scheduled appointment time, will not be seen and will be rescheduled (and assessed the $100 missed appointment fee) so that other patients can be seen on a timely basis. (_____) **initial here**
- The time has been reserved exclusively for you and your courtesy to notify of cancellations allows us to offer that time to someone else. (_____) **initial here**
- If you need disability, FMLA, or other forms completed please allow at least 4 business days for completion of those forms. There will also be the standard $25 fee for completing these forms. (_____) **initial here**
- Patients may be considered an inactive patient if not seen by a provider or in contact with the provider in last four months. (_____) **initial here**
- If a client misses two consecutive scheduled sessions without a legitimate reason, the client may be considered to have given a notice of termination of therapy. (_____) **initial here**

MID CITIES PSYCHIATRY
3801 William D Tate Avenue, Suite #800A, Grapevine, TX 76051
office: (817) 488-8998 <> fax: (817) 583-8923
info@MidCitiesPsychiatry.com <> www.MidCitiesPsychiatry.com

Mid Cities Psychiatry

CONFIDENTIALITY

Our office protects the confidentiality of counseling sessions. A signed "Release for information" form is required in order to release any information about our client. All information between counselor and client is considered confidential unless:

1. The client presents a physical danger to self or others.
2. The probability of client suicide.
3. Child/Elder abuse/neglect is suspected.
4. A court order has been issued.
5. The client Is a non-emancipated minor — in which case the parents/guardians have access.

In the first three cases, the counselor is required by law to inform potential victims and legal authorities so that protective measures can be taken. (_____) **initial here**

CONSENT FOR TREATMENT

I certify that I have read this agreement and understand the office policies and hereby give my consent for Seema Kazi, MD PA dba Mid Cities Psychiatry to provide me with counseling services.

Please Note: Individual sessions are up to 55 minutes long. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings while understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. Techniques may be used from a variety of theoretical backgrounds depending on your needs; Cognitive-Behavioral, Logotherapy, Client Centered, and REBT. Referrals for medication evaluation or for psychological testing may be made to assist us in the best treatment available, it is your right to know your Diagnosis and Treatment plan which will be available after the second session. (_____) **initial here**

PROFESSIONAL RELATIONSHIP

In order for your professional relationship with the therapist to be helpful and supportive, it must be free of any complications that might influence objectivity or taking unfair advantage of either party. For these reason, business, personal, or other outside relationships between the therapist and client are not permitted. This policy is in accordance with Texas State Board of Examiners of Professional Counselors Code of Ethics. The professional boundaries with your counselor must be maintained to insure professional perspective and objectivity.

Name of Patient	Date
Signature of Patient or Responsible Party (if minor Patient)	Date
Signature of Counselor	Date

MID CITIES PSYCHIATRY
3801 William D Tate Avenue, Suite #800A, Grapevine, TX 76051
office: (817) 488-8998 <> fax: (817) 583-8923
info@MidCitiesPsychiatry.com <> www.MidCitiesPsychiatry.com