

CLIENT TREATMENT AGREEMENT

Therapist: _____

Client: _____

I have requested treatment at Mass Bay Counseling and understand and agree to the following:

FINANCIAL AGREEMENT

1. I am expected to pay any charges not covered by a health care plan at the time the service is rendered.
2. Mass Bay Counseling may bill my health care plan (when applicable) and share my diagnosis and other treatment information as stipulated by my health plan contract.
3. Any payment collected by Mass Bay Counseling will be credited to my account.
4. Provided that Mass Bay Counseling fulfills all of its contractual obligations under their agreement with my health plan and payment is not received within 60 days, I will be responsible for the outstanding balance.
5. If I choose to withhold information necessary for Mass Bay Counseling to bill my health plan in order to protect my privacy, I am electing to self-pay and Mass Bay Counseling is absolved of all responsibility in respect to reimbursement by my health plan.
6. If Mass Bay Counseling provides services for my minor child, I as a parent or guardian will be responsible for the cost of said treatment.
7. During my course of treatment at Mass Bay Counseling, I agree to keep my personal balance below \$150.00.
8. Any outstanding balance more than 90 days past due may be subject to collections actions for which I will pay additional collection costs.
9. Since my appointment time is reserved for me, I understand that I will be charged \$80 for any missed appointment that has not been cancelled 24 hours in advance through the office. Messages can be left via voice mail or live operator 24 hours a day, 7 days a week.

Client Initial _____

CONFIDENTIALITY AND INFORMED CONSENT

I have requested treatment and services from Mass Bay Counseling (MBC) for me or my child. I understand that verbal, written and electronic communication with my therapist is confidential and privileged. My therapist may however, discuss my treatment with other Mass Bay Counseling therapists if such discussion is for my benefit.

I understand and accept the following exceptions to the above statement:

1. Massachusetts has mandatory child, elder and disabled persons abuse reporting laws that require therapists to file reports with appropriate governmental agencies whenever abuse or neglect is suspected.
2. Therapists having a strong concern that a client's behavior may constitute a significant risk of harm to themselves or others have responsibility to share such information appropriately in an attempt to prevent harm from occurring.
3. In instances in which clients choose to utilize insurance or managed care health plan to cover their fees for services at MBC, the therapist will provide such information as required by their health plan for reimbursement and claims processing.
4. In instances in which a therapist is issued a subpoena by a court and in which the therapist would be held in contempt of court for failing to comply with a judicial order, treatment records will be provided. In any legal or board action initiated by the client or any party acting on the client's behalf, the client automatically waives any confidentiality rights to the extent necessary for a defense of such an action.
5. In instances in which collections actions must be undertaken to collect an unpaid balance, the therapist and MBC will provide the collection agency with financial, identifying, telephone, location of residence and employment information. No clinical information will be included.

Client/Guardian

Signature: _____ Date: _____

For

Mass Bay Counseling: _____ Date: _____

I have received or read a copy of Mass Bay Counseling of Quincy's Notice of Privacy Practices.

Client/Guardian Signature: _____