



**Confidentiality:** Confidentiality is of highest priority.

True North Counseling, LLC follows the ethical standards set forth by State Licensing Boards and HIPAA pertaining to confidentiality. Please keep in mind, as a mandated reporter; if we are made aware of abuse or neglect of a minor, or vulnerable adult, we will contact the appropriate authorities. Also, if you intend to harm yourself or others, we will contact the appropriate authorities. An available copy of Notice of Privacy Practices brochure offers greater explanation of confidentiality. If you have any questions or concerns about confidentiality please ask your therapist.

#### Simple Billing Option

It is our hope to provide licensed therapeutic intervention to our community at a reasonable cost. True North Counseling, LLC will offer a simple billing alternative to all clients. We will provide you with a receipt as you pay for services. You need to send a copy of this receipt to your insurance provider. Your insurance should reimburse you with a check covering their portion of the expense. It's that simple. For self pay, cash or check payment the cost will be \$100.00 for a 50 minute therapy session. There will be no extra charge included for the initial assessment or review sessions.

#### Third Party or Insurance Billing Option

Fees billed to insurance third party payers will be \$185.00 for a 50 minutes therapy session. There will be an extra charge of \$90.00 for the initial session. The higher amount reflects the cost of insurance billing expenses and services provided. If you have high deductibles, co-pays, or limited coverage the Simple Billing method described above may save you money. True North Counseling, LLC will be open to contracting, Employee Assistance Programs (EAP), and other forms of billing. These rates will be per negotiation with the provider.

#### Avoiding Debt

You are here for help. This is our first concern. If your insurance will not cover therapy and the self pay fee is truly out of your reach; please communicate this to us. If you generate a heavy debt load for professional therapeutic counseling and then can't pay, this isn't helpful to you. So that you do not generate debt from our services that are burdensome, we will agree that services will not be provided beyond two unpaid sessions. We agree not to send you to collections for unpaid debt. We will need to charge \$50.00 for non-sufficient checks. We will always attempt to help find alternative services that may help.



### Availability

Office hours will be communicated in session. If you need to make an appointment, leave a message on the phone. We will return messages and reset appointments by the next working day. An important consideration here is in a regard to severity of therapeutic issues. If you or I conclude our limited availability will in any way mean that we cannot provide you with the level of intervention you need, we will refer you to an alternative provider.

### Missed appointments

We will not charge you for the first missed appointment, even if you forget to call and cancel. Please try to remember your appointments. Any missed appointments after that, without a 24-hour notice of cancellation, will be charged for the missed session. If you do not attend an appointment and do not reschedule an appointment we will not call you. We will wait for you to contact our office.

### Emergency Service

If you are experiencing an emergency, are suicidal or homicidal, you must dial 911 or immediately contact the closest Hospital Emergency Room. Marathon, Langlade, and Lincoln counties offer 24 hour crisis service at 715-845-4326 or 800-799-0122. True North Counseling, LLC is not an emergency or crisis center. To contact this office leave a message on our voicemail at True North Counseling, LLC 715-370-8863. We will return your message when able. If you have signed a text/email communication agreement we will communicate via text/email as needed.

Initials: \_\_\_\_ I have read and understand the above and I authorize True North Counseling, LLC to release necessary information with, and to receive payment directly from, third party payers or through providing a receipt. I approve True North Counseling, LLC to contact me at:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial here to signify agreement to participate in services freely: \_\_\_\_\_

Initial here if you would like the option to on occasion text/email counselor: \_\_\_\_\_