

Client Info

Client Information

Please feel free to ask any questions about office policies not answered in this statement. The state laws which license mental health counselors requires that each new client receive the following information information and disclosure, and that this be acknowledged in writing.

Therapist

Walter Cardona, M.Ed. LMHC

[therapist information available on website cardonacounseling.com under “About/ Experience & Credentials”]

Appointment & Fees

Appointments are 45 to 50 minutes in length and the fee for professional time spent in therapy is \$150 per individual, \$225 for a 75-minute couple or family session.

There are additional fees for phone interventions, report/letter writing, crisis services, and after hours (evenings and/or weekends, etc.) sessions.

It is important that you be on time. If you are late to an appointment, I cannot extend the appointment.

If you are unable to keep your appointment, please give me 48 hours advance notice to cancel and/or reschedule if possible. If you cancel less than 24-hours before your appointment, it is considered a ‘late cancel’ and the charge is half the cost of a session. If you do not keep your appointment or ‘no-show,’ you will be charged the full price of a session. Sessions are considered closed after 20 minutes from the start of your appointed time.

Payment

Payment is due at the time services are provided. Cash and check payments are accepted. There is credit card availability with a 5% credit card fee.

A monthly finance fee of 1.5% (minimum \$2) will be charged on all overdue accounts 30 days past due. Accounts on which payment has not been received for sixty days following termination of services are automatically sent to collections.

A \$35 fee will be charged for all returned checks. This fee is subject to bank charges.

Insurance

Some insurance plans cover psychotherapeutic services. It is the client’s responsibility to check with your insurance company to ensure coverage. I currently considered “in-network” with Cigna, First Choice Health, Regence BCBS, Premera BCBS, and TriWest.

I do not bill insurance directly for out-of-network clients. However, I do provide clients with an invoice. Please note: clients are 100% financially responsible for time/ appointments insurance does not cover.

Payment is due in full at the time of service unless other arrangements have been made.

COUPLES COUNSELING is not covered by insurance billing and I do not attempt to claim couples counseling through insurance providers. Couples counseling is an out-of-pocket expense and payment is due at the time of each session [pre-authorized TriWest veterans are the only exception].

Responsibility & Professional Standards

Counselors practicing fee-for-service must be licensed with the Department of Health for the protection of the public health and safety. Licensing of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of treatment.

The results of therapy cannot be guaranteed as they depend on a large number of factors over which a therapist has no control. On occasion, things may seem to get worse before they improve. It is important to express any concerns that you may have if what is happening in treatment does not feel helpful.

You have the right to terminate treatment at any time or to refuse to participate should you find any aspect of therapy objectionable.

My commitment to you is to provide services which meet the highest ethical standards. If at any time during treatment you feel that there has been unethical or unprofessional conduct, you may contact Washington's Health Professions Quality Assurance Division.

Consent for Treatment

Disclaimer by the State of Washington:

"Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration does not include recognition of any practice standards, no necessarily imply the effectiveness of any treatment."

You have the right to choose a counselor who best suits your needs and purpose.

You may ask questions about treatment at any time and may choose to terminate therapy at any time.

If you would like more information about the law regulating counselors or want to file a complaint, please call the Department of Health at (360) 236-4700 or write to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47865 Olympia, WA 98504

[COMPLETE AND LEAVE THIS PAGE WITH YOUR THERAPIST]

Communications

Regarding our communications with you, please indicate with an "X" if we have your permission to leave you a message on your:

___ Cell (voice mail or text)

___ Land Line

___ email

Signatures & Acknowledgement

I have read, understood, and received a copy of this client information statement.

(print name)

(signature)

(date)

(print name)

(signature)

(date)

Insurance Release of Information

I authorize the release of any medical and psychological information necessary to process the claim and payment of insurance:

(signature)

(date)