

Theodore Mathis, MA, LPC

Arvada, CO - (720) 319-1267

INFORMED CONSENT

*Please **initial** each statement in the blank provided*

_____ My fee for a 50-minute session during my normal business hours (Monday-Thursday 8-5) is \$140, with longer sessions being prorated at that rate (e.g., 75 minutes = \$210). Fees for sessions outside my normal business hours are negotiable.

_____ I prefer to bill using Ivy Pay, where I use their app to send a link to your smartphone which you use to input your credit or debit card into their HIPAA compliant server. Once your card is on file, you will receive a text message for any fees I charge using Ivy Pay. I will ordinarily bill you on the day of your appointment. Fees are subject to change every six months.

_____ Telephone calls, emails, and texts except for the purpose of logistics (scheduling, billing, etc.) will be billed at the above rates. Note: emails and texts are not considered to be a confidential means of communication, but I typically use email and text messages for the purpose of logistics and to send you forms and miscellaneous information.

_____ Fees, as per the above rates, will be charged for any additional services rendered by me at your request, such as assessments, preparation of letters, special forms, insurance reports, court time, consultation with other professionals, etc.

_____ I am not on call for emergencies. If you have an emergency, please dial 911 or go to the nearest emergency facility. Emergency-related activity will be billed at the above rates.

_____ If you have insurance coverage, I would be happy to supply you with a receipt or periodic statement. I do not accept direct assignment of benefits from insurance companies, nor do I participate in managed care insurance plans (HMO/PPOs).

_____ Your visit has been reserved for you. If you cancel at least 24 hours before your session, there is no cancellation fee. Otherwise, you will be charged a *late cancellation fee of \$50*. However, if you cancel *on the day of your session*, you will be charged the **full fee** for the planned session.

_____ I am required to retain records of our work together for seven years, but after that your records may not be maintained.

My signature below indicates I have read and agreed to the above information.

Print Client's Name

Date

Client or Responsible Party's Signature

Relationship to Client