

CONSENT TO TREATMENT

I acknowledge that I am voluntarily seeking and receiving treatment from Mark Dean, ATR-BC, LPC and that I may terminate my treatment with her at any time. Information, which I reveal to Mark Dean, MA, ATR-BC, LPC during therapy will be kept strictly confidential. However, I understand and acknowledge that suspected child abuse and information which, in the sole opinion of Mark Dean, MA, ATR-BC, LPC, CGP, would tend to indicate, that I may be a threat to the safety of myself or others is required by law to be reported by Mark Dean, MA, ATR-BC, LPC to other persons or agencies for my safety and the safety of others. Accordingly, I hereby consent to the release of any such information to other persons or agencies by Mark Dean, MA, ATR-BC, LPC in order that she may comply with her obligations under the law, and as additional consideration for the treatment I am receiving from her, I hereby release, and agree to indemnify and hold harmless, Mark Dean, MA, ATR-BC, LPC from any liability or cause of action which may arise out of such release of information. In order for Mark Dean, MA, ATR-BC, LPC to provide the best possible services to me, I understand that she may need to consult with other persons, professional and non-professional, and agencies, and I hereby authorize her to discuss my case with such other persons and agencies as she, in her sole opinion, deems appropriate. In the event of a referral to another facility or the need arises for Mark Dean, MA, ATR-BC, LPC to contact other persons or agencies not described in the previous sentence, such a referral or contact will not occur without my prior written consent.

FINANCIAL RESPONSIBILITY

I understand that:

1. Mark Dean, ATR-BC, LPC does not accept or participate in any type of health insurance, including Medicaid and Medical Assistance, for services she performs for me, and that it is my responsibility to determine from my insurance company, if I have insurance coverage, whether the services I receive from Mark Dean, MA, ATR-BC, LPC are covered by my insurance and, if so, to what extent. I am responsible for the full amount of all fees for services performed by Mark Dean, MA, ATR-BC, LPC regardless whether the services are covered by my insurance.
2. Except for group sessions, all fees for office visits are due at the time of the office visit. Fees for group sessions are due in full at the first group session, however, if prior arrangements have been made with Mark Dean, MA, ATR-BC, LPC in writing, fees for group sessions may be billed over the course of scheduled group sessions in accordance with the terms of the written agreement with Mark Dean, MA, ATR-BC, LPC. If I have insurance coverage for the services provided by Mark Dean, MA, ATR-BC, LPC it is my responsibility to apply to my insurance company for reimbursement of any fees I have paid to Mark Dean, MA, ATR-BC, LPC.
3. I am responsible for the full fee for missed office visits, unless I cancel at least one full business day (24 hours) in advance of the scheduled office visit. I understand that I am responsible for the full fee for missed group sessions and that the above cancellation policy does not apply to groups. Full fees will be charged for missed group sessions.
4. In addition to office visits and group sessions, other services by Mark Dean, MA, ATR-BC, LPC for which I will be billed include, but are not limited to: face-to-face time in the office; record review time; report preparation; communication (e-mail, fax, phone, mail) with me or other people at my request. Fees for services other than office visits are due within 30 days from the date of invoice.
5. I will be provided a receipt for payment within seven days of requesting it.
6. If any of my checks issued for payment for services performed by Mark Dean, MA, ATR-BC, LPC are returned or not honored by my financial institution, for any reason I will be charged a \$50 returned check fee, or the fee for returned checks charged by Mark Dean, MA, ATR-BC, LPC's financial institution plus a \$20 administration fee, whichever is higher.

7. Balances remaining outstanding after thirty (30) days will bear interest at the rate of twelve (12%) percent per annum.

CONSENT FOR E-MAIL COMMUNICATION

I understand and agree that I may communicate with Mark Dean, ATR-BC, LPC by e-mail. I know that e-mail communication is **not fully confidential**. I understand and agree that e-mails will be used for brief non-confidential communication and for administrative matters such as rescheduling appointments. E-mail communications are not to be used as a substitute for therapy. I understand and agree the Mark Dean, MA, ATR-BC, LPC will not share my e-mail communications with anyone, except me and my legal guardian, without written authorization.

I hereby authorize Mark Dean, MA, ATR-BC, LPC or an administrative staff member to contact me by telephone, and if I am not available, to leave a message on my answering machine, voice mail, or other recording device, confirming an appointment or advising of the need to reschedule an appointment. I have read the above policies and accept them as a condition of services being rendered to me by Mark Dean, MA, ATR-BC, LPC.

Signature of Responsible Party

Date

Clinician's Signature

Date

Signature of Responsible Party
(if minor, second parent)

Date

Client's Name Printed

Mark Dean, MA, ATR-BC, LPC

Clinician's Name Printed

Mark Dean, MFA, MA, ATR-BC, LPC
42 Windermere Ave., Lansdowne, PA 19050
1137 E. Lancaster Ave., Berwyn, PA 19312
Phone: 610.259.2550 ext. 3 - email: mark@psychearts.org - website: psychearts.org