Consent to Treatment

I acknowledge that I am voluntarily seeking and receiving treatment from Michelle L. Dean, ATR-BC, LPC, CGP at The Center for Psyche & the Arts, LLC and that I may terminate my treatment with her at any time. Information, which I reveal to Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC, during therapy will be kept strictly confidential. However, I understand and acknowledge that suspected child abuse and information which, in the sole opinion of Michelle L. 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP and The Center for Psyche & the Arts, LLC in order that she may comply with her obligations under the law, and as additional consideration for the treatment I am receiving from her at The Center for Psyche & the Arts, LLC, I hereby release, and agree to indemnify and hold harmless, Michelle L. Dean, MA, ATR-BC, LPC, CGP and The Center for Psyche & the Arts, LLC from any liability or cause of action which may arise out of such release of information. In order for Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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. The Center for Psyche & the Arts, LLC and its clinicians do not accept or participate in any type of health insurance, including Medicaid and Medical Assistance, for services rendered 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP at The Center for Psyche & the Arts, LLC 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 and are to be made payable to The Center for Psyche & the Arts, LLC. Fees for group sessions are due in full at the first group session, however, if prior arrangements have been made with Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 the policies of The Center for Psyche & the Arts, LLC. If I have insurance coverage for the services provided by Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC, it is my responsibility to apply to my insurance company for reimbursement for any fees I have paid to The Center for Psyche & the Arts, LLC.

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 Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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.

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6. If any of my checks issued for payment for services performed by Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 The Center for Psyche & the Arts, LLC'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 Michelle L. Dean, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC will not share my e-mail communications with anyone, except me and my legal guardian, without written authorization.

I hereby authorize Michelle L. Dean, MA, ATR-BC, LPC, CGP of The Center for Psyche & the Arts, LLC 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 Michelle L. Dean, MA, ATR-BC, LPC, CGP.

______________________	__________	______________________	__________
Signature of Responsible Party	Date	Clinician's Signature	Date

______________________ __________
Signature of Responsible Party (if minor, second parent) Date

______________________ Michelle L. Dean, MA, ATR-BC, LPC, CGP
Client's Name Printed Clinician's Name Printed

The Center for Psyche & the Arts, LLC
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