



CLIENT CONSENT AND AUTHORIZATION:

By checking the following boxes I am indicating that I have read and understood the policies and requirements of New Life Counseling.

I consent to and authorize the following:

- ☐ I understand that case material is confidential and will not be released without my consent with the following exceptions set by law:
 - Disclosure of child abuse or neglect
 - Risk of imminent harm toward self or others
 - Certain court proceedings
- ☐ I consent to the use and disclosure of private health information for treatment, payment or healthcare operations. I authorize the release of any medical information necessary to process my insurance claim for third party reimbursement if applicable. I authorize payment of medical benefits to New Life Counseling for services rendered.
- ☐ I further agree to be responsible for all fees charged for services and understand that payment is due at the time the services are rendered. I further understand that I am fully responsible for payment of any fees that my insurance company declines to reimburse.
- ☐ I understand that there are fees for services with are not covered by insurance. An example of the fees not covered by insurance are phone calls with my clinician, reports or letters written by my clinician, non-covered testing fees, and late cancel or no show fees. I agree to pay, at the time of service, for any fees that New Life Counseling cannot bill to insurance.
- ☐ I confirm that I have read, understand and agree to the terms of the financial policy and the appointment cancellation policy of New Life Counseling and am aware that this information is located in the Client Handbook located on the website.
- ☐ I confirm that I have read and understood the texting and e-mail risks, conditions, and guidelines, and consent to receiving mobile and/or e-mail messages as indicated from New Life Counseling.
- ☐ I have been informed that the New Life Counseling Client Handbook is available for review on the website at www.newlifedover.com or have had a copy e-mailed to me.
- ☐ I acknowledge that copies of The Notice of Privacy Practices of New Life Counseling have been offered to me and are located in the reception area of New Life Counseling.

My signature below attests that I have read this document and agree to the conditions for services as outlined above for myself or my minor child.

Signature of client and/or parent or guardian

Date

Signature of staff member witness

Date