TONI ARCHER, INC @ THE 8TH HOUSE.

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THE 8TH HOUSE
Counseling and Healing Services

AGREEMENT FOR SERVICE

Client's Name: _____ ***Date of Birth:*** _____

Consent to Treatment
I, voluntarily, agree to receive Mental Health assessment, care, treatment, or services, and authorize TONI ARCHER to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment, or services that I receive through the undersigned therapist at any time. I understand that the session may be audio or video taped for educational purposes.

Appointments
Appointments are made by calling (312)788-0305. Please call to cancel or reschedule at least 24 hours in advance, or you may be charged for the missed appointment. Third-party payments will not usually cover or reimburse for missed appointments.

Number of Visits
The number of sessions needed depends on many factors and will be discussed by the therapist.

Length of Visits
Therapy sessions are approximately 60-120 minutes in length. The charge for individual and family sessions is $75.00 per hour, unless there is an agreed-upon rate with your insurance. Different co-payments are required by various group coverage plans.

Assignment of Benefits
We will communicate with and work with your health/medical insurance for you. **The 8th House** will be assigned all medical and psychological benefits from insurance. **The 8th House** will release information necessary for payment to the paying agency. Your insurance carrier(s), including Medicaid, Medicare, private insurance, and any other health/medical plan, will issue payment directly to **The 8th House** for services rendered.

Confidentiality
Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose; fee disputes between the therapist and client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing board. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and with the agency that referred you and the managed care company and/or insurance carrier responsible or providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

Duty to Warn

In the event that the undersigned therapist reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel.

NAME **RELATIONSHIP** **TELEPHONE NUMBER**

_____

_____

_____

Risks of Therapy

Therapy is the Greek word for change. You may learn things about yourself that you don't like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy.

For clients that are under 18 years of age

Name of Parent/Guardian: _____ Relationship: _____

Name of Parent/Guardian: _____ Relationship: _____

If the client is under 18 years of age, please read carefully and initial each line to show your agreement:

_____ I agree that I am the Legal Guardian or Managing Conservator of the above-named client and have provided all available information regarding custody agreements applying to the above-named client.

_____ I give consent to **The 8th House** to provide counseling to the above-named client.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have read, understood, and agree to all the terms and information contained herein.

_____ _____

Client Date

_____ _____

Parent/Guardian Date

(if client is under 18 years of age)