

Francie L. Stone, PsyD/FLS Consulting, LLC

11414 W. Park Place, Ste 202, Milwaukee, WI 53224
Phone: 414-716-6335

Client Name: _____

Client DOB: _____

Consent for Treatment

Payment Policy

Payment is required at the time of service. Payment options include, cash and credit cards (Visa, MasterCard, Discover, American Express, Debit Cards processed as Credit and HSA/FSA/MSA Cards). Personal checks are accepted only under certain situations that have been discussed in advance. Other payment options, such as sliding fee scale arrangements based upon your income, should be discussed prior to your first appointment. Please be prepared to make your payment at the beginning of each session. **COLLECTIONS:** Past due accounts will be turned over to our collection agency/attorney. All fees incurred by this action will be the responsibility of the client.

Rates/Fees

Initial Appointment (Intake – 60-90 minutes):	\$200
Follow-up Appointment(s) (45-60 minutes):	\$175

Late Cancelled Appointments and Failure to Show for an Appointment

Our policy requires 24 hours notice for cancellation of any appointment. You may call and leave a message on voicemail, which will time stamp the call. If cancellation of an appointment is not received on time, the full fee will be charged. An invoice for payment will be emailed to you, payment of which is due before your next scheduled appointment. Failure to show up for a scheduled appointment will result in the same charge and process for billing and may be cause for termination of services.

Clients Rights and Confidentiality

Your treatment and care will be kept confidential. I acknowledge that I have received a copy of and have read Francie L. Stone, PsyD/FLS Consulting, LLC's "Clients Rights and Grievance Procedure" and "HIPAA Notice of Privacy Practices". I have been made aware of how my Personal Health Information may be used and disclosed. Information about you will only be released with your written consent, except in situations that are required by law or in cases in which you have been referred or ordered by the Court. By law, we must release information in situations of: (1) abuse or neglect of children; (2) abuse or neglect of the elderly; or (3) cases of probable suicide or homicide. In these cases, your provider may need to take steps to protect people from harm or to warn them such as: (1) contacting a family member; (2) contacting a public agency; or (3) arranging for hospitalization.

Referrals

We may deem it appropriate to make a referral to another practitioner for specific services. Referrals will be made to known professionals in the field and in related fields. Knowledge as to their competence comes in part from reports from other patients, and thus, we cannot take personal responsibility for their competence.

Emergencies

Francie L. Stone, PsyD/FLS Consulting, LLC is not available in an emergency. If you need immediate help, please dial 911, or go to your nearest emergency room or local hospital for evaluation.

Telephone Calls/Texts/Email

Phone messages will be returned as soon as possible. Please be reminded that the office is closed on most Fridays. Please call the office if the matter is urgent or you do not hear back from us within a reasonable amount of time, emails of such a nature will be treated as non-urgent and responded to as soon as possible. There will be no charge for, brief, return phone calls. Text messages and email will be accepted for scheduling *only*. I understand that by utilize varying forms of social media, including email and texts, to communicate, I decrease the confidentiality of my personal health information.

Consent for Treatment

I request and authorize Francie L. Stone, PsyD/FLS Consulting, LLC to provide and perform counseling, therapy, coaching, consulting and other psychological-based interventions which are considered advisable for my health and well being. I understand that Dr. Stone will request my participation in developing my plan for treatment including informing me of the benefits and expected outcomes for treatment, the type of treatment, and alternative options and problems that may arise if I don't receive treatment. I further understand that Francie L. Stone, PsyD/FLS Consulting, LLC cannot guarantee the outcome of the treatment provided.

I have received a copy of and have been informed of the policy on confidentiality and client's rights. I have read and understand the above information. I understand that this consent for treatment is good for no longer than 15 months and may be revoked by me at any time by written notice to my treating provider. I further understand that I am responsible for any costs incurred prior to the revocation of the consent for treatment and that any information released by my consent prior to revocation of consent for treatment cannot be retrieved. I hereby consent to treatment.

Signature of Client/Parent/Legal Guardian

Date

Signature of Witness

Date