

## Deseret Counseling Consumer Agreement and Payment Policy.

### **Appointments and Cancellations**

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee of \$135.00 if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session must be discussed with the therapist in order for time to be scheduled in advance.

If you/client arrive more than 20 minutes late to a scheduled session, it will be considered a missed appointment, and the late cancellation fee of \$135.00 will apply. This policy ensures fairness, respects the time reserved for you/client, and allows us to provide quality care to all clients.

Standard Charges for Services:

- Individual/Family Therapy: \$275.00
- Initial Assessment: \$300.00
- Group Counseling: \$50.00
- Court Documentation: \$135.00 per hour
- Declined Credit Card: \$50.00
- Private Pay: \$135.00 per session
- If a client or guardian elects not to use their insurance and pays privately: \$135.00 per session

If unpaid balances go longer than 30 days, a late fee of 25% APR interest will be assessed to your account. If your account goes 60 days without payment, you will not be able to schedule additional appointments until your account is paid in full. Your account will be placed on a cash basis only.

We reserve the right to send your account to collections after all options have been attempted. If this occurs, you will be responsible for any collection costs, including attorney's fees, that may be necessary.

### **Collections**

I hereby agree and consent to being contacted by telephone on any number belonging to me, including my cellular/wireless telephone number or any number forwarded from or transferred to such number, and I agree that such methods of contact may include the use of SMS/MMS (text) messages, artificial and/or pre-recorded voices, artificial intelligence, and/or an automated dialing device—some or all of which may result in data charges. I also understand and agree that such contact(s) may be initiated by Deseret Counseling, Inc. and/or by any third party engaged by Deseret Counseling, Inc., including but not limited to third-party debt collectors. These contacts may include appointment reminders, miscellaneous communication, and attempts to service or collect any amounts owed. I also consent to receiving email communications from the same entities and for the same purposes at any email address belonging to me or where I receive email.

I understand and agree that if payment in full is not made as required or if any action is needed to enforce this agreement, then in addition to all other amounts that may be due or remedies that may be sought, I will be required to pay a collection fee of up to 40% of the principal amount (as allowed by §12-1-11 of the Utah Code Annotated). I further agree to pay all other costs of collection and enforcement, including but not limited to court costs, reasonable attorney fees, and interest (both pre- and post-judgment). Any interest due shall be calculated at 18% per annum and may compound as frequently as daily.

Cancellations and rescheduled sessions will be subject to a full charge of \$135.00 if not received at least 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

### **Telephone Accessibility**

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Face-to-face sessions

are preferred, but in the event you are out of town, sick, or need additional support, phone sessions are available. If a true emergency arises, please call 911 or go to the nearest emergency room.

#### Animal Policy

In accordance with the Americans with Disabilities Act (ADA), Deseret Counseling, Inc. permits the presence of trained service animals that perform specific tasks for individuals with disabilities.

To ensure the safety, comfort, and therapeutic environment for all clients and staff, the following policies apply:

- Only trained service animals that assist individuals with disabilities are permitted on the premises.

Emotional Support Animals (ESAs) are not allowed.

- All service animals must always be on a leash and with their handler, with the handler physically holding the leash.

- The handler is fully responsible for the service animal's behavior and any damage to property, injury, or disruption caused by the animal while on the premises.

- If an individual brings an animal that is not covered under the ADA, the owner or handler is still fully responsible for any damage, injury, or disruption the animal may cause.

- Deseret Counseling, Inc. reserves the right to request the removal of any animal that poses a safety risk, behaves aggressively, or disrupts the therapeutic environment.

#### Social Media and Telecommunication

Due to the importance of your confidentiality and minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions, please bring them up during a session.

#### Electronic Communication

I cannot ensure confidentiality of any communication through electronic media, including text messages. If you prefer to communicate via email or text for scheduling or cancellations, I will do so. I may try to return messages in a timely manner but cannot guarantee an immediate response. Please do not use these methods for therapeutic content or emergencies.

Deseret Counseling, Inc. may use electronic communication, including text and email, to request feedback about your experience with our services. These communications may be sent by Deseret Counseling or a third-party service. You may opt out of feedback requests at any time by notifying us in writing or by using the opt-out instructions in the message.

Services provided by electronic means, including but not limited to telephone, internet, fax, and email, are considered telemedicine under the California Telemedicine Act of 1996. If you and your therapist choose to use these methods, please note:

1. You may withhold or withdraw consent at any time without affecting future care.
2. All confidentiality protections still apply.
3. You have access to any medical information shared during the session.
4. Your information will not be shared without consent.
5. Telemedicine has benefits and limitations; in-person observations can provide additional important clinical insights.

#### Minors

##### Client Responsibility for Damages

Any damage to property caused by a client, whether an adult or a minor, will be the sole responsibility of the individual or their legal guardian. This includes, but is not limited to, damage to furniture, fixtures, equipment, or facilities belonging to Deseret Counseling, Inc. The client or legal guardian agrees to reimburse the cost of repair or replacement upon request.

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss what information is appropriate to share and what will remain confidential.

**Termination**

Ending therapy can be difficult. A termination process allows for closure. The length of the termination depends on the length and intensity of the treatment. I may terminate therapy after discussing with you if it is no longer effective or if payment defaults occur. If therapy is terminated or you request a new therapist, I will provide a referral list.

If you fail to schedule an appointment for three consecutive weeks (without prior arrangements), I must consider the professional relationship discontinued.

**Disclaimer – Good Faith Estimate**

This Good Faith Estimate shows the costs of items and services reasonably expected for your care. The estimate is based on information known at the time of creation.

It does not include unknown or unexpected costs. If billed more than the estimate, federal law allows you to dispute the bill. You may contact the provider to discuss the bill, negotiate, or ask for financial assistance.

You can start a dispute resolution with the U.S. Department of Health and Human Services (HHS) within 120 calendar days of receiving the bill. There is a \$25 fee. If the agency agrees with you, you'll pay the estimate amount. If not, you may owe the higher bill.

Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 368-1019 for more information.

**Acknowledgment of Practice Policies**

By signing electronically, I agree to all policies as outlined in this document. I acknowledge that I have read, understood, and agree to abide by the terms set forth by Deseret Counseling, Inc. I understand that these policies apply to all services provided, whether in person or via telehealth.

Signature: \_\_\_\_\_

**Name:**

**Date:**

Parent/Guardian: \_\_\_\_\_

**Name:**

**Date:**

**Confidentiality Agreement.**

Issues that are discussed in therapy are very important and are kept confidential and Deseret Counseling follows all confidentiality laws including HIPAA. There are, however, times when Deseret Counseling is required to disclose confidential information. These times occur when:

1. Suspected abuse or neglect of a child, disabled person or elderly person.
2. Therapist feels you are in danger of harming yourself or another individual. Also possible if you are unable to care for yourself.
3. If Deseret Counseling and/or your therapist is ordered by a court and/or is subpoenaed to release information.

**By signing below I agree and understand the confidentiality agreement:**

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Name:

Date:

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Parent/Guardian

Date:

Counseling

As noted earlier, Deseret Counseling requires a credit card to be kept on file in our **secure, encrypted, PCI-compliant billing system**. This protects your financial information and ensures we can efficiently process co-payments, deductibles, and any outstanding balances related to your treatment. *(We encourage all clients to verify their insurance benefits before their appointment.)*  
Please ensure your card remains current and updated to prevent interruptions in billing.

Credit Card Type: \_\_\_\_\_

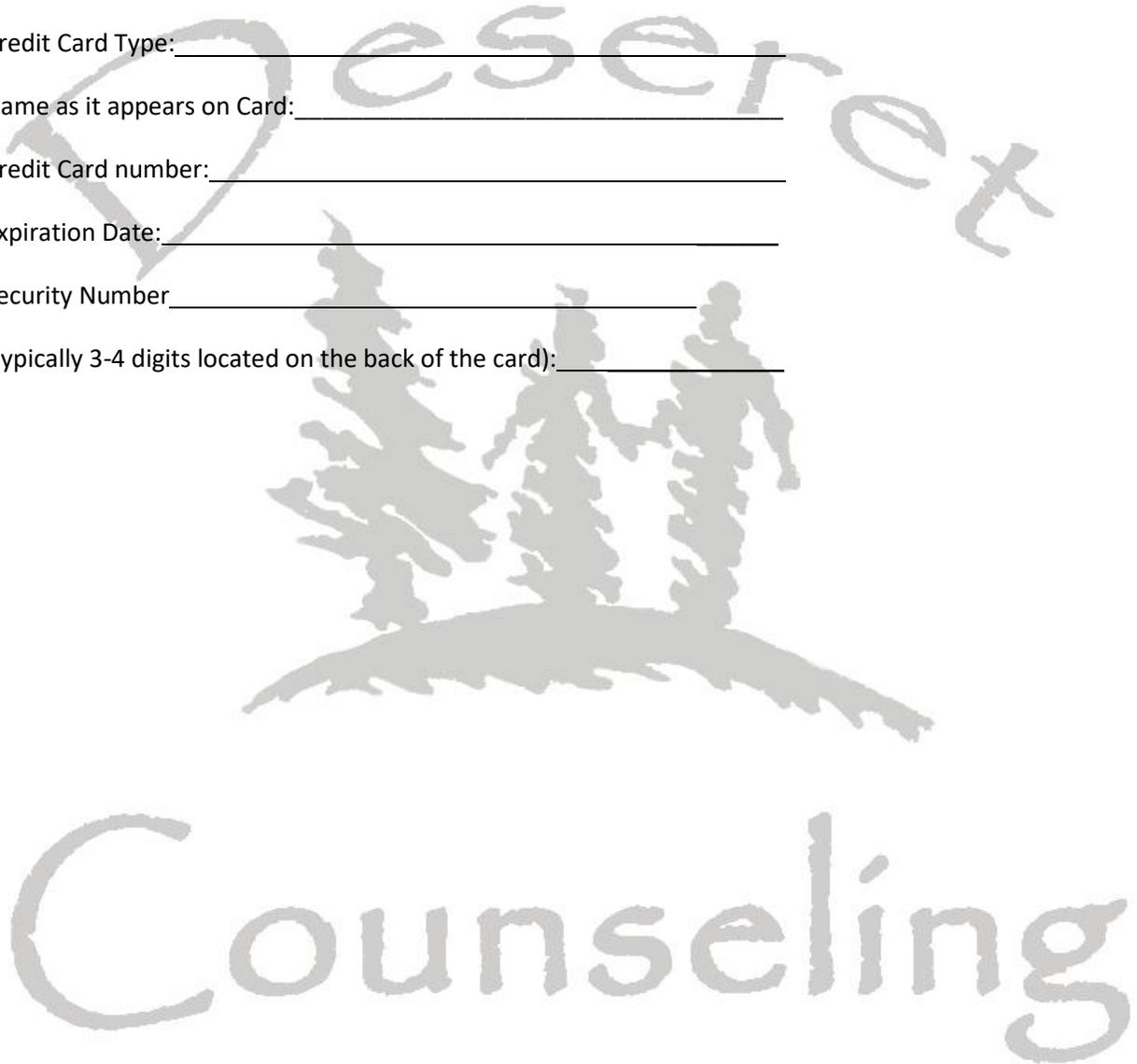
Name as it appears on Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Number \_\_\_\_\_

(typically 3-4 digits located on the back of the card): \_\_\_\_\_



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**Intake Information**

**Date:** \_\_\_\_\_

Patients Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Phone: \_\_\_\_\_  
Work Cell Email

Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_

Employer: \_\_\_\_\_

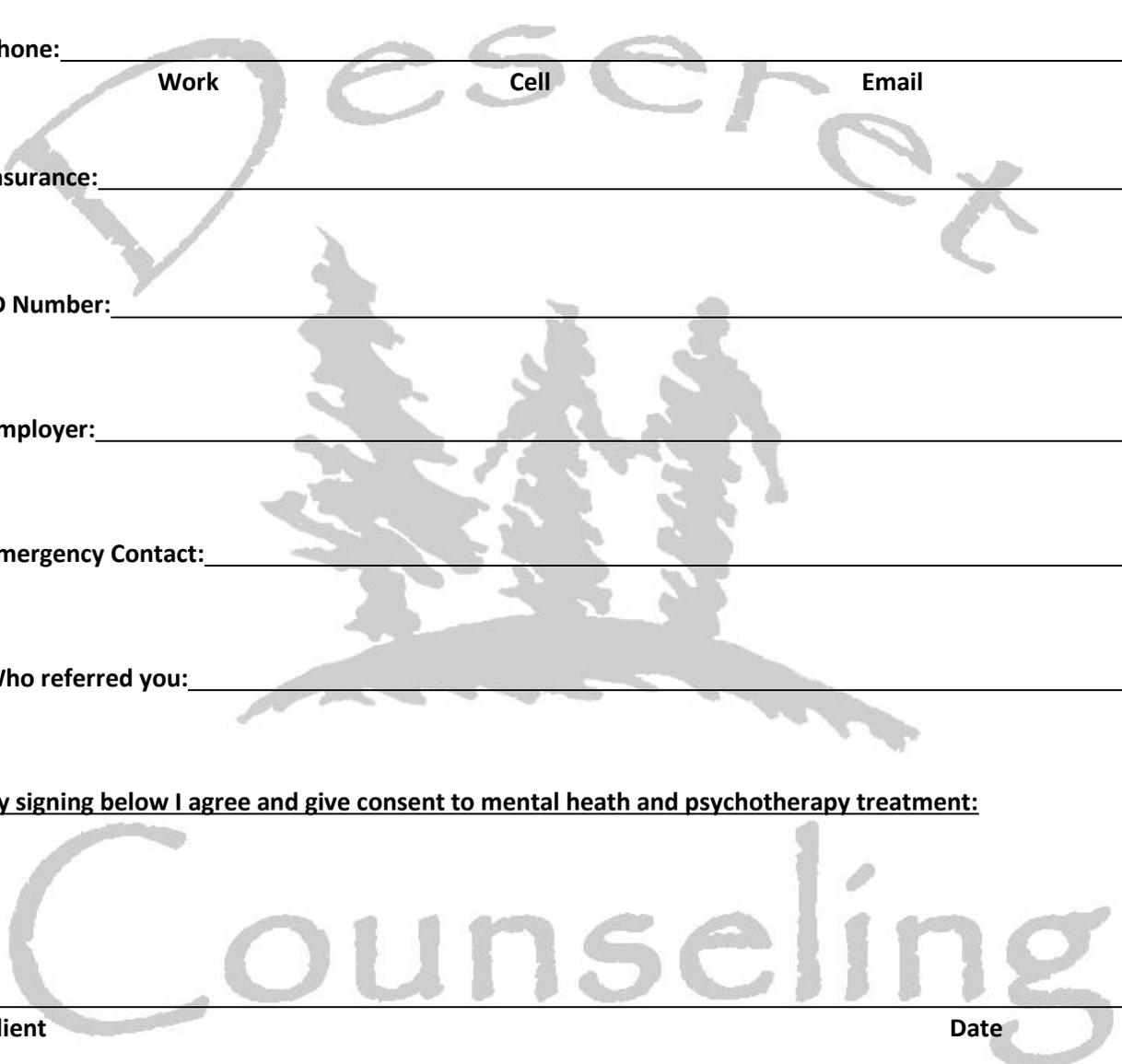
Emergency Contact: \_\_\_\_\_

Who referred you: \_\_\_\_\_

**By signing below I agree and give consent to mental health and psychotherapy treatment:**

Client \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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