



# New Client Information

Please read the following information carefully. It will explain the policies and procedures of our Center. If you have further questions, please ask your therapist.

## **Scheduling Appointments:**

Therapy appointments are 50 minutes long unless other arrangements have been made. If you must cancel or reschedule please notify your therapist 24 hours in advance. The fee for service will be charged for changes or missed appointments with less than 24 hours notice.

## **Fees and Payments:**

The fee for a 50 minute session is \$160.00 for doctorate level therapists and \$120.00 for master's level therapists. If a client is unable to pay this rate a sliding fee rate may be available, as determined by the therapist, which is based on gross monthly income.

The fees will be set before the first appointment or your therapist will set the fee with you during the first session. Please pay your therapist at the end of each session. Telephone counseling will be charged at the counseling fee rate. There will be a \$25.00 fee for checks returned from the bank.

## **Insurance:**

Each therapist at Restoration Counseling Services and their level of licensure determines amount insurances companies will pay. If you have insurance coverage for counseling it is best to ask prior to the first appointment and the therapist can give you all the necessary information so you can clarify exact coverage with your insurance company. Once this information is know you and your therapist can determine how best to proceed with either us billing them directly or you submitting a claim yourself. If you submit a claim your therapist will give you all the necessary paper work to make a valid claim.

## **Staff:**

Our staff consists of trained professionals in the field of Psychology, Marriage and Family therapy and Mental Health issues. All interns are supervised.

## **Fee Confirmation:**

I understand my fee has been confirmed at \_\_\_\_\_, and that I am responsible for payment at the time of service.

## **Consent for Treatment:**

I, \_\_\_\_\_, authorize and request that Restoration Counseling Services provide psychological examinations, treatment and/or diagnostic procedures which now or during the course of my care as a client are advisable. The frequency and type of treatment will be decided between my therapist and me.

I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.

Complete Back Side

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1900 North 175<sup>th</sup> Street, Shoreline, WA 98133 (206) 533 – 9984 FAX (206) 546 – 8948

I understand that there is an expectation that I will benefit from psychotherapy but there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

I have read and understand the policies and procedures presented on this new client information form.

Client(s) Signature:

\_\_\_\_\_ Date



It is a practice of RCS for therapists to work in consultation with one another in case review for quality control. Please be advised that you have the right to keep your case from being discussed in a consultation group. Your signature below indicates that you are willing to allow your case to be reviewed only by RCS therapists.

Client(s) Signature:



If a minor is being seen at RCS a parent or legal guardian must sign below:

\_\_\_\_\_ Parent/Legal Guardian Signature

\_\_\_\_\_ Therapist Signature

\_\_\_\_\_ Date

**Biblical-Spiritual Therapy:**

Christian therapists do not presume that all clients want spiritual interventions in therapy. Please sign below if you would like your therapist to include any or all of the following; prayer for and with you, Bible reading and references, spiritual meditation, the use of biblical imagery, and assistance with spiritual formation and discipline.



Client Signature

Do we have your permission to send you an exit survey at the completion of your therapy? If yes, please initial the box above and give us your address.

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

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