

Informed Consent/Disclosure Statement

Thank you for choosing this practice. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

My name is Cathy Weeg. I am a Licensed Professional Counselor. I am also an incorporated business. My business address is 565 University Avenue, Suite #4, Fairbanks, Alaska, 99709. My business phone number is (907)590-8384. I received my M.S.Ed in Counselor Education from Western Illinois University, December 1993.

My style is very interactive, collaborative and dynamic, emphasizing, but not limited to, Dialectical Behavioral Therapy and Cognitive Behavioral Therapy. I believe all people have the ability to heal themselves once they began looking inward with objectivity and empathy.. I have experience working with adults, couples, children, families, and groups.

I work here at the private practice Monday through Thursday.

In addition, if you attend group therapy services Jennifer Danhauser, LPC will work in conjunction with me. Her phone number is (907) 978-4978. She received her M.S. in Mental Health Counseling from Eastern State University, May 2001.

This information is required by the Board of Professional Counselors which regulates all licensed professional counselors. To reach the board by mail, please write the Department of Commerce, Community and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, Alaska, 99811. To reach the board by telephone, call 907-465-2550.

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Services and Pricing

Global Billing Solutions will bill your insurance company for you. Services and pricing are as follows:

Services	Length	Rate
Initial Assessment Session	1-2 hours as needed	\$250
Individual Therapy Couples Therapy Family Therapy	16 to 37 minutes	\$87.50
	38 to 52 minutes	\$175
	53 minutes or longer	\$262.50
Group Therapy	Per hour	\$87.50
Court Fees	3 hours or less	\$175
	Any additional hour or portion thereof	\$175

As a courtesy, Global Billing Solutions will bill your insurance company, responsible party, or third party payer for you if you wish. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. After 3 months of receipt of first bill, any unpaid balance will add assessed finance charges. We ask that every client authorize payment of medical benefits directly to Cathy Weeg, LPC.

If you miss an appointment, you will be charged the cost of the appointment and this will not be billed to your insurance company. Any unpaid balances may be turned over to collections. If this is the case, you are responsible for any collection fee charged. You will be charged \$25 for any returned checks.

ASSIGNMENT OF BENEFITS

I authorize payment by my insurance company to be paid directly to Cathy Weeg, LPC for services rendered. I understand that I am financially responsible to Cathy Weeg, LPC for charges applied to the insurance deductible and for all charges limited by the insurance carrier. I authorize Cathy Weeg, LPC to give copies of any records when needed for payment by my insurance carrier and/or its affiliates.

I have received a copy of my fee schedule.

Client Signature

Date

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Confidentiality

Client information shared with me is confidential, except in the following circumstances:

- Information shared with Jennifer Danhauser, LPC for peer consultation
- Information shared with John Michael Worrall, Ph.D. for peer consultation
- Diagnosis and dates of services shared with Global Billing Solutions and your insurance company to collect payments
- Mandated reporting of abuse of children or adults
- Threats of suicide or homicide
- Cases where you have signed a release of information
- Information released as outlined in the HIPAA Notice of Privacy Practice
- Those required by law

Your treatment program may be discussed with other professionals (other than those listed under Treatment in the Notice of Privacy Practices and Client Rights) and, if that occurs, your confidentiality will be maintained. Also, your name and identity will be disclosed only in compliance with AS 08.29.200 of the Statutes and Regulations of Professional Counselors.

Emergency Situations

In case of emergency outside of my normal business hours please contact:

- 1) Fairbanks Community Behavioral Health Center On-Call Service at 452-1575
- 2) Crisis Hot Line at 452-4357
- 3) The nearest emergency room
- 4) Call 911 for immediate emergency care

By signing below you acknowledge and accept conditions as outlined above in this Informed Consent:

Client Signature

Date

Witness Signature

Date

Consent for Treatment of Minors

If the client is a minor under the age of 18, I must obtain a parent's or guardian's written permission.

I/we consent that _____ may be treated as a client by Cathy Weeg, LPC.

Parent/Guardian Signature

Date