

*Diane Aukland, L.C.S.W.*

Licensed Clinical Social Worker

### RELEASE FOR TREATMENT

Diane Aukland, L.C.S.W. has my consent to assess my psychological / emotional condition for evaluation, treatment and recommendations and to provide psychotherapy as needed to achieve the goals of the treatment plan. I / We understand that Diane Aukland, L.C.S.W. does not guarantee any particular results or outcome from the therapy process.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Signature of Guardian / Parent

\_\_\_\_\_  
Date

### FINANCIAL AND PROFESSIONAL SERVICE AGREEMENT

Your understanding of our procedures and payment policy is important to us.

#### FINANCIAL ARRANGEMENTS

Payments for the services are to be made at the time services are rendered unless other arrangements have been made by the billing service. Please be sure to let us know if you are a member of an insurance plan with which we may have a contract. If you are using managed care insurance and your health plan denies the recommended visits, you have the right to appeal. Insurance is not a guarantee of payment. If your insurance company fails to pay for services, you are responsible for all charges. If you are unable to make your payment at the time of your visit, please discuss a payment plan with Diane. You will be charged separately for disability forms and other medical reports.

#### NO SHOWS AND LATE CANCELLATIONS

If you do not keep an appointment or do not cancel at least 48 hours in advance, you may be charged a \$25 fee. If you are a no show, your future appointments may be cancelled. Please contact the appointment desk to confirm future appointments. We will try to contact you by phone to confirm your office visit, but this does not alter your responsibility to keep your appointment or to give us the required notice if you have to cancel. Your timely cancellation allows us to give your time to someone else.

If you have not had an appointment for six months, according to our office policy and standards of practice, we will close your case. Should you need further care in the future we will be happy to reopen your case upon request and will schedule a new assessment. If you use managed care or PPO insurance you will need to contact your case manager to obtain authorization or confirm one is still in effect.

I have read the above and agree to accept treatment under the stated terms. If using medical insurance, I hereby authorize release of information for claims, certification/ case management, quality improvement and other purposes related to the benefits of the health plan. I also authorize release of information to the therapist on call in Diane Aukland's absence.

\_\_\_\_\_  
Patient or Responsible Party

\_\_\_\_\_  
Date