*Calm Counseling, LLC*

Renee Calm MS, LMFT

[renee@calmcounseling.com](mailto:renee@calmcounseling.com)

(206) 999-3889

Financial Agreement

I acknowledge I am fully responsible for the fee accrued while attending therapy.

I will pay the amount due prior to or at the close of each session in the form of cash, check, Venmo, Zelle or credit card (credit cards have a 3.5% charge in person or 4.5% when charged manually).

I acknowledge if I do not pay the agreed upon amount as listed below, Calm Counseling, LLC can disclose limited information to follow through on collecting charged amount. This is as acknowledged in accordance with HIPAA law. This includes cost for any returned checks.

Calm Counseling, LLC will gladly discuss proposed treatment and answer any questions related to insurance. The client must realize, however, that:

1. Insurance is a contract between the client, their employer and their insurance company. Calm Counseling is not a party to that contract and clients are reimbursed directly by their insurance after they have provided payment to this provider, R. Calm.
2. Therapy fees are considered to fall within the usual, customary and reasonable range for this type of service. There is a possibility the individual insurance company will not reimburse for an out-of-network bill a client has paid. It is the client’s responsibility to research prior to scheduling therapy. Signing this form acknowledges the client signing will be responsible for any charges accrued (including a return check fee of $25).

## **Missed Appointments**

A charge of the standard fee of **$150** will be automatically **CHARGED TO YOU PERSONALLY** **IF YOU DO NOT CALL** and cancel your appointment with a 24-hour advance notice. Insurance will not reimburse no-show charges.

## **Minor Clients**

The parents or guardians of the minor patient are responsible for full payment.

## FOR YOUR PRIVACY (HIPPA)

-Calm Counseling, LLC does not release information unless we have this signed release by client.

-Please allow 5-working days for any records you need copied.

-Calm Counseling, LLC does not use a billing service or submit claims to insurance electronically.

Client Date

**Acknowledgement of HIPAA Paperwork Received**

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The law requires any healthcare professional I see gives me a form informing me of the HIPAA laws in this state. The purpose for this is listed below.

* The law does not require you to sign the “acknowledgement of receipt of the notice.”
* Signing does not mean that you have agreed to any special uses or disclosures of your health records.
* Refusing to sign the acknowledgement does not prevent the entity from using or disclosing health information as the Rule permits it to do.
* If you refuse to sign the acknowledgement, the provider must keep a record that they failed to obtain your acknowledgement.

Signing this form acknowledges that I have received a two sided form listing the HIPAA Notice of Privacy of Practices.

I acknowledge I have read through the Notice of Privacy Practices and I am in agreement of its terms.

If I have questions or concerns at any point during therapy around the HIPAA requirements and actions, I will consult with my therapist or directly with the federal organization in charge of HIPAA.

I acknowledge I have read and know my rights regarding HIPAA and its terms and limitations.

Client Date