



**Synchrony of Visalia, Inc.**  
**COUNSELING AGREEMENT**

**Insurance / Payment Source**

**Unless other arrangements are made in advance, or your insurance is a managed care contract, all fees are due at the time services are rendered.** Synchrony will provide the necessary billing statement to be sent with your claim form. In the event of a **returned check**, a **\$25.00 fee** in addition to any **bank charges** will be assessed.

**Cancellations and Failed Appointments**

Appointments are scheduled for 50 minutes and must be canceled 24 hours in advance to avoid being charged for the missed session. **If you miss a scheduled appointment or cancel an appointment less than 24 hours in advance you will be charged for the session.** You may leave a message with the answering service should you need to call after business hours. Individuals in group therapy will be charged for all group sessions while a member of the group, including failed appointments.

**Letter, Reports, and Other Written Materials**

When requesting letters, reports, and other written information regarding sessions, clients are asked to submit their request *seven (7) days in advance* of the date the material is needed. Account balances, if any, must be **paid in full** prior to the release of the requested material, unless other arrangements are made in advance. **There is a charge for any narrative reports and/or assessments.**

**Babysitting**

We regret that due to limited space and staff we cannot provide babysitting. ***We are not responsible for any child left unattended.***

**Confidential Information**

Under California law, the content of mental health treatment is confidential except in certain specific situations. This means that we cannot release any information about you to anyone, including family members, without your written consent, with the following exceptions: The staff of Synchrony is required to report situations in which the health and safety of others may be at risk. Reports do not contain information not related to the condition reported. Your therapist has a list of specific conditions and would be pleased to review this with you. It is also understood that in the event your account balance remains unpaid after reasonable efforts to collect have been made, your account will be turned over to a collection agency. Information provided will be limited to your name, address, and phone number and account information. Your therapist, upon using reasonable professional judgment, may discuss aspects of your case with other mental health professionals who would be providing coverage or consulting with him/her for professional purposes.

If you have questions regarding any aspect of the above, please do not hesitate to ask the office staff and/or your therapist.

I have read and understand all of the above and agree to the terms contained in the Application for Counseling Services.

By my signature I am also acknowledging receipt of Synchrony's Notice of Privacy Practices entitled "Important Information About Your Mental Health Information and Privacy."

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

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

Client may have a copy upon request