

CLIENT INFORMATION AND CONSENT TO TREATMENT

Carol Ambrose, LCPC

10 North Jefferson Street #401 Frederick, Maryland 21701

17 East High Street Hancock, Maryland 21750

And

2311 Papermill Road Winchester, Virginia 22601

Thank you for choosing Carol Ambrose, LCPC, for counseling. I am committed to giving you the best care possible. To acquaint you with the procedures and policies of my practice, I am providing the following information:

Appointments: If you need to cancel a date, a minimum of 24 hours' notice is required. Otherwise, you are subject to full charge for the appointment. Evenings and weekends you may leave a message on my voicemail, which will record the date and time of your call. I will do my best to be punctual for your appointment unless I have an emergency call. I ask that you be punctual as well. If you are late, you will receive the remainder of your scheduled time. The usual length of an appointment is about fifty-five minutes.

Emergencies: In case of an emergency, call 911 or go to the closest emergency room. Then, notify me at telephone number 301.667.6327.

Financial Responsibility: Full payment is expected at the opening of each session. Please make checks payable to Carol Ambrose LCPC. There will be a \$30. Fee for checks returned as non-payable. Payment on website www.professionalcharges.com employs the use of credit card or debit card. Enter my I.D. which is: LC 0822. Payment must be made 24 hours ahead of your appointment.

I provide the client a receipt at the time of payment so that you can submit this to your insurance company if you choose. Keep a copy for your records. Please call your insurance company ahead of our first appointment. Clarify their policies regarding reimbursement. Be aware that the insurance company quoted benefits is not a guarantee of payment. I do not submit bills to insurance companies.

Confidentiality: Your client records are the property of Carol Ambrose Counseling. They shall be treated as confidential. To comply with state and federal laws regarding patient confidentiality, your files will not be released without the adequately executed written consent.

Everything about your care will be held in strictest confidence; exceptions regard information that I am, by law, required to report, such as suspected or reported child abuse. Regarding clients age 21 and under: I maintain the right to report to custodial parents any indications of dangerous or potentially dangerous statements and behavior.

If you choose to have me in contact with a third party, regarding your progress, it will be necessary for you to complete the "Release of Information" form that will be kept on file.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE NOTIFICATIONS, AND THAT YOU ARE CONSENTING TO RECEIVE TREATMENT: _____

Client/ Guardian Signature Date Client/ Guardian Name Printed Legibly