



SERVICE AGREEMENT/CONSENT FOR TREATMENT

Welcome to The Centered Life!

The Centered Life is committed to strengthening the human potential through our clinical and professional services. The Centered Life offers a variety of counseling, consulting and wellness services that guide our clients towards fulfilling optimal personal growth.

TERMS OF AGREEMENT:

- I. **SERVICES:** May include but are not limited to individual, couple, family, and group therapy. Alternative services also include lifestyle management/coaching, mediation and crisis intervention. It is important to consider that psychotherapy can have both risks and benefits. The therapy process may include discussions of personal challenges and difficulties, which may elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, therapy has been shown to have many benefits. It can often lead to better interpersonal relationships, improved work/academic performance, solutions to specific problems, and an increased capacity to manage intense feelings. There is, however, no assurance of these benefits. Therapy requires your very active involvement in order to work towards growth. The professionals at The Centered Life are committed to this process and will work hard for you, as they ask you to do the same.

_____ (Client's Initials)

- II. **ELECTRONIC COMMUNICATION:** Because of the nature of email, phone therapy, video-conferencing and texting, The Centered Life cannot guarantee the privacy of these communications. Therefore, clients acknowledge the potential risk to confidentiality inherent in the use of these technologies. Additionally, at this time insurance companies do not provide coverage for these services and clients are expected to pay the clinician's regular fee. Phone sessions must be determined clinically appropriate by your therapist and must be scheduled in advance.

_____ (Client's Initials)

- III. **FEES & INSURANCE:** Clients are expected to pay all fees and co-payments at the time of service. Clients may leave a credit card on file for their services. Clients are responsible for contacting their insurance companies and understanding their insurance benefits. Charges for services not covered by insurance are the clients' responsibility. The Centered Life, LLC is considered "in network" with Blue Cross Blue Shield PPO only. Most insurance companies offer "out of network" provider benefits. If you chose to submit claims to another insurance company, your therapist can provide you with proper documentation. Clinicians will review their fees with clients as well as insurance coverage at the outset of therapy. If clients become delinquent in payment of fees, The Centered Life, LLC may terminate therapy. Unpaid bills are turned over to collection after an appropriate attempt to collect.

Your fee will be \$_____ for the initial consultation and \$_____ per 30 - 60 minute session.

_____ (Client's Initials)



- IV. **APPOINTMENT CANCELLATION POLICY:** Full fees apply for appointments with less than 24 hours notice. Extenuating circumstances are considered when appropriate. Insurance benefits do not cover cancellation charges.

_____ (Client's Initials)

- V. **CONTACTING CLINICIANS:** Clients may leave confidential messages for their clinicians on the voice mail system at any time. Clinicians are not guaranteed to be available outside of office hours and in the event of an emergency, clients are encouraged to go to the nearest emergency room or contact 911.

_____ (Client's Initials)

- VI. **FOID MENTAL HEALTH REPORTING REQUIREMENT:** As per the Illinois Firearm Concealed and Carry Act, all physicians, clinical psychologists, and qualified examiners are required to notify the Department of Human Services (DHS) within 24 hours of determining a person to be a Clear and Present Danger to themselves or others, Developmentally Disabled, or Intellectually Disabled, regardless of the provider's practice, the person's age, or any other diagnosis of the person.

_____ (Client's Initials)

- VII. **NOTICE OF PRIVACY PRACTICES:** By signing, you acknowledge that you have received the Notice of Privacy Practices of The Centered Life, LLC. This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

_____ (Client's Initials)

CLIENT CONSENT TO TERMS OF AGREEMENT:

I / We, the undersigned, understand this Service Agreement.

I / We understand that I/we have the right to revoke this consent at any time. This revocation must be in writing to The Centered Life

Printed Name	Signature	Date
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Printed Name	Signature	Date
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The Centered Life Clinician	Signature	Date
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