

**ALASKA PACIFIC RIM COUNSELING SERVICES  
920 W DIMOND BLVD, SUITE 1  
ANCHORAGE, AK 99515  
Phone (907) 349-0077  
Fax (907) 349-0078**

**CLIENTS RIGHTS AND RESPONSIBILITIES**

Payment for each session is to be made in full at the time of each session. Insurance is billed out of this office for your convenience, when agreed upon mutually. Any other agreements will be specified in the initial session.

**CONTACTING ME**

Due to my work schedule I may not always be available to take your calls. The best thing to do is leave a message with the receptionist and I will return your call as soon as I am available to do so. After hours, please call my answering machine 349-0077 and ask me to try and reach you. In general, if you are experiencing a situation in which you feel particularly vulnerable, please let me know so that I can schedule an extra session, or so that arrangements can be made for the times I am available.

**CANCELLATION POLICY**

Therapy sessions are by appointment only. Your appointment time is reserved for you, you will be expected to pay for it unless you provide 24 hours advance notice of your cancellation, with the exception of circumstances which we would both define as an unavoidable emergency. You will be charged in full for non-cancelled missed appointments, and as follows for late cancellation's (not within 24 hours):

- 1<sup>st</sup> broken appt. ....\$50.00
- 2<sup>nd</sup> broken appt..... \$75.00
- 3<sup>rd</sup> broken appt.....Cost of scheduled session & referral out of the office

**BILLING AND PAYMENTS**

Payments are expected at the time of session and can be made with **Check, Cash, and Visa/MasterCard**. We will be glad to bill your insurance. In that case, you would only pay your deductible, co-payments, and amounts not covered by the insurance. As the insured, you are ultimately responsible for determining what services are covered and to what degree. There is a charge for non-sufficient funds or returned check fee **\$30**. Overdue accounts of 90 days or more will result in a late payment fee of \$10.00 per month. I may use legal means to collect the balance on your account. Fees for the use of a collections agency or small claims court will be added to your balance. For example: 40% fee for collection services. With good communication and planning the above situations can be completely avoided.

**CONFIDENTIALITY**

All clients are assured of confidentiality. Only a release of information signed by you may authorize me to discuss any information with other individuals, and this agreement may be revoked by you at any time. There are however, important exceptions that are as follows.

1. The law requires that I notify others if I judge that a client has an intention to place someone else's life in danger.
2. If I assess the client to be suicidal or unable to take care of him/herself, I may notify proper authorities to arrange for hospitalization.
3. I am also obligated by law to report suspected child, handicapped or elder abuse, neglect or molestation.
4. In cases of criminal liability, my records may be subpoenaed by a legitimate court of law.
5. I may release your name for bill collection processing. However, no treatment- related content will accompany the disclosure.

**PRE-SESSION RESPONSIBILITY**

I suggest that you **DO NOT USE** mood altering substances for at least two hours before our sessions, as this affects how you think and feel, and may impede your therapeutic progress. This includes but is not limited to, alcohol and marijuana.

I have received and have read a copy of the above material. I hereby consent to treatment and agree to abide by the terms outlined above.

**DATE:** \_\_\_\_\_ **CLIENT SIGNATURE** \_\_\_\_\_

**WITNESS/THERAPIST** \_\_\_\_\_