

Nicole Sorte Turville, L.C.S.W.

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Statement of Understanding and Consent for Treatment

Confidentiality: Information disclosed in counseling is confidential and protected under state and federal law. This means that I will protect your privacy at all costs and information will only be released with your written and verbal authorization. There are a few rare exceptions where your information can be released without your consent as required by Utah law. Please refer to the Notice of Privacy and Policies Procedures for additional information.

Counseling Service Agreement:

Thank you for contacting me for mental health therapy services. I look forward to working with you to help you improve your life and your relationships. This agreement is to clarify the business aspects of our relationship, and to help our therapeutic relationship go smoothly.

Fees & Billing:

Initial Assessments or First Time appointments are: \$130.00

Individual Therapy/Couples (50-60 min session): \$120.00

Individual Therapy/Couples/Family (80-90 min session): \$160.00

Family Therapy (50 min session): \$120.00

Group Psychotherapy: \$60.00

* Cash paying clients will receive a discount due to paying out of pocket

*Phone and Skype Psychotherapy Sessions are also available options

-Payment is due in full at the beginning of each session by cash, check or credit card. Included in the fees are brief phone calls (under 15 min) and routine paperwork. There will be a \$25 fee for any cancelled check or declined credit card transactions.

Health Insurance Coverage:

Fees are due at the time service is provided, unless prior arrangements have been made with me. If insurance is to be billed, you must provide the necessary information. You are responsible for any charges not covered by insurance including insurance deductibles. In cases where I don't specifically work with your insurance provider I will provide you with comprehensive receipts to submit to your insurance company for reimbursement of any mental health therapy fees they will cover. Call your insurance company to find out if you have out-of-network mental health benefits.

Late Cancellation/No Show Policy:

If you are unable to make your scheduled appointment, please cancel at least 24 hrs. in advance so another client can be scheduled during that time. If 24 hrs notice is not given, you will be charged the full session amount. I reserve the right to charge credit cards that are kept on file for no shows and late cancellations.

In Case of Emergency:

If you have an emotional, behavioral, or medical crisis call the San Diego Crisis Line at 888-724-724 call 911, or go to the nearest emergency room.

Although in some cases I can be reached after hours, I do not provide 24 hour crisis services.

Please sign to verify that you have read the procedures and policies above, and that you understand and give consent for treatment. If a child or dependent adult is involved in the treatment, I affirm that I am the legal guardian with the authority to authorize mental health services.

A copy of this form is available to you upon request.

Client/Guardian Name

Date

Client/Guardian Signature

Date