



## SERVICE AGREEMENT/CONSENT FOR TREATMENT

### Welcome to Elena Kaiser Psychotherapy Office.

Elena Kaiser is committed to strengthening and healing families from all walks of life through clinical service and education. She offers a wide range of high quality mental health counseling.

Elena Kaiser's hours are by appointment only. Please be aware that children under 12 cannot be left alone in waiting rooms. If your children are not participating in your session, please make arrangements for their care.

#### TERMS OF AGREEMENT:

- I. **SERVICES:** May include but are not limited to family, couple, individual, and group therapy, school consultation, psychiatric consultation, evaluation and treatment as well as other diagnostic services as recommended by the clinician. Services may also include the participation of parents/guardians and other significant family members, when appropriate. You or your therapist may suggest other kinds of services (non-direct) outside the scope of normal therapy that would be billable separately such as school visits, phone consultations, writing or reviewing letters, reports, etc. Recommendations for treatment are first discussed with and approved by the client. Treatment length will be evaluated based on progress towards mutually agreed upon goals for therapy. Modalities may or may not include EMDR, hypnotherapy, mindfulness and body mind psychotherapy, art therapy, play therapy and integration of several as agreed upon. \_\_\_\_\_ **(Client's Initials)**
- II. **ELECTRONICALLY MEDIATED PSYCHOTHERAPY:** Because of the nature of email, real time chat phone therapy and video conferencing, I 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 full fee. Before electronically mediated psychotherapy can be initiated Elena Kaiser will conduct an in person assessment.
- III. **FEES & INSURANCE:** Clients are expected to pay all fees and co-payments at the time of service. If clients choose to submit bills to insurance, clients are responsible for contacting their insurance companies and understanding their insurance benefits. When possible, charges will be submitted electronically. Charges for services not covered by insurance are the clients' responsibility. If insurance changes during the course of therapy, clients should notify Elena Kaiser immediately to ensure continued coverage of services.  
\_\_\_\_\_ **(Client's Initials)**
- IV. **APPOINTMENT CANCELLATION POLICY:** Charges will apply for appointments canceled or changed with less than 24 hours notice. Extenuating circumstances are considered when appropriate. Insurance benefits do NOT cover cancellation charges.  
\_\_\_\_\_ **(Client's Initials)**

#### CLIENT CONSENT TO TERMS OF AGREEMENT:

I (we) understand the SERVICE AGREEMENT with Elena G. Kaiser LCPC ATR BC in accordance with this agreement. A signature is required from the parent(s) or guardian(s) who have legal responsibility for medical decisions for children in treatment, as well as any child 12 years old or older.

I (we) understand we have the right to revoke this consent at any time. This revocation must be in writing to Elena Kaiser Psychotherapy.

As a guarantor, I am accepting financial responsibility for services received.

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Guarantor's Name

Signature

Email Address

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Printed Name

Signature

Email Address