

Consent for Child's Treatment

I consent to have my child take part in the treatment at Centennial Counseling Center (CCC). I have received and read the **Intake Information** form explaining the risks and benefits of treatment, the fees for services, and other policies, and agree to its terms. I have received and read the **Privacy Notice** as required by the Health Insurance Portability and Accountability Act. I have received and read the **Statement of Client Rights**.

I have had opportunity to have the **Intake Information, Privacy Notice, and Statement of Client Rights** explained to me.

I understand that **I am responsible for my bill**. While CCC will assist me in pursuing insurance or EAP reimbursement, I understand that unpaid bills will become my responsibility and that failure to make payment within 60 days may result in turning my account over to a collection agency. I understand that CCC may elect to end treatment if timely payment for services is not made.

I understand that I will be charged \$130 for failing to show or for failing to give at least **24 hours' notice when canceling an appointment**. I understand that insurance companies and EAPs cannot be billed for this fee and therefore this fee will be my responsibility.

If I am electing to use my insurance or EAP benefits, I authorize release of the necessary information to my insurance company or EAP so that CCC, acting as my agent, may pursue payment for the services provided to me. I authorize insurance or EAP payments to be sent directly to CCC.

Client Signature (Parent signs for clients under the age of 12 years old) Date

If the client is between 12 and 18 yrs old, client and parent/guardian signature required Date

Other Family Member Date

Would you like to receive our newsletter highlighting various mental health issues? This mailing and email list will NOT be used for any other purpose. Yes No

Email address(es) to send Newsletter _____

CCC has my permission to keep the **credit/debit card** below on file.

Card number _____ Expiration Date _____

Name on the card _____

Signature _____