

Financial and Counseling Agreement

Optimal Minds PC
Peg Vroom, LCSW
621 17th Street, Suite 1535 Denver, CO 80202
(303) 477-0722

Counseling Considerations

I welcome discussions about the types of counseling which may be used in your treatment.

According to your counseling goals, I may be able to estimate the length of time your treatment will take. It is important to know that your treatment could take more or less time than originally thought.

I do not regularly provide after-hours crisis counseling or support.

At any time during your treatment, you have the right to get a second opinion.

You may choose to end your treatment at any time.

It is important to know that there are potential risks to treatment, including but not limited to the worsening of symptoms.

In some situations clients may need clinical information for legal matters. I believe that the goals of therapeutic treatment and those of the legal system are often at odds with each other, and I do not typically offer court-related assessment or treatment. If you expect to need clinical information for legal matters, I strongly suggest that you choose a clinician who specializes in this area.

Right to Privacy

The information you share is confidential and will remain so unless you request a release of information. If I review your clinical information during professional consultation, identifying information will be disguised.

If, however, one of the following situations exist I am required to reveal things you have said:

- If I suspect child abuse or neglect.
- If I think that elder abuse is taking place.
- If I think that there is a threat of immediate action to harm yourself or others.
- If you are unaware of who and/or where you are.
- If there is a Grievance Board Inquiry.
- If legal matters are involved where I am mandated into court.

Client Agreement

If I am referred through an Employee Assistance Program or other Health insurance agency I request that Peg Vroom release information by fax, phone, mail, or email as needed for reimbursement. _____. (Please Initial or Insert N/A for Not Applicable.)

If I am choosing to train in neurofeedback, I understand that the information on this form applies to neurofeedback.

I am aware of the following information related to financial issues:

There is a 24-hour cancellation policy for non-emergency situations, for which I am financially responsible. If I am billing my insurance company for meetings with Peg Vroom, I realize that most companies will not pay for missed meetings or late cancellations. If I am using Employee Assistance Program (EAP) sessions, I understand that a session will be deducted to cover my missed session. A regular-length session is approximately fifty minutes long.

Any contact outside regularly scheduled sessions, such as case management, phone calls involving therapeutic issues, or consultation done pertaining to my work with Peg Vroom, is my payment responsibility. I will be billed according to the time spent by Peg Vroom in doing this work. Once again, if I am submitting my statements to an insurance company, I realize that they do not generally pay for this collateral work and payment will be my sole responsibility.

Furthermore, I understand that Peg Vroom is not a provider who works with Medicare or Medicaid and that sessions with her cannot be submitted to either—or to any other co-insurance with Medicare or Medicaid. As a result, I realize I am choosing to pay on a private basis which will most likely exceed the costs of working with a clinician who contracts to work for Medicare or Medicaid.

Printed Name: _____

Signature: _____

Date of Signature: _____