

**Southlake Child and Family Therapy
Notice of Privacy Practices Acknowledgement
Katharine Ottone, LPC**

Fee

Individual / Family Intake and following sessions \$140
Group Intake \$120
Group sessions \$60
No show to scheduled appointment \$100
Less than 24 hour notification of cancellation for individual or family sessions \$50

Payment

Acceptable forms of payment are cash, check, or card. An upcharge of 2.7% is added to card transactions. Full payment is due on the date services are rendered. Please talk with Katharine Ottone, LPC if payment will keep you from getting services. Delinquent accounts may be sent to a collection agency after the patient/guardian is informed. Katharine Ottone, LPC has the right to change any fees by giving written notice.

Request of Records

Requested records by the patient/guardian will take up to 7 business days to complete.

Insurance

Insurance is not accepted. I understand that Katharine Ottone, LPC is accepting me as a private pay patient from this day forward until the completion of services, and I will be responsible for paying for any services that I receive. The provider will not file a claim to my insurance company, including Medicaid, for the services that are provided to me.

Confidentiality

Information given is kept confidential using a HIPAA (Health Insurance Portability and Accountability Act) approved electronic health record system. Records are the property of Katharine Ottone, LPC and will be kept for 7 years after the client has stopped receiving services. If the client is a minor, records will be kept until the minor turns 25. The following exceptions require breaking of that confidentiality:

- If you are at risk of harming yourself or others.
- If there is a report of abuse of a child or senior citizen.
- If a minor is engaged in dangerous behaviors.
- If Katharine Ottone, LPC is ordered by a court to disclose information.
- You direct Katharine Ottone, LPC in writing to release your records.
- If otherwise required by law to disclose information, Katharine Ottone, LPC will do so.

_____(initial) I have received, read, and stated understanding of the Notice of Privacy Practices that are compliant with HIPAA.

_____(initial) I agree to the above information regarding fees, payment, request of records, insurance, and limits of confidentiality.

Client or parent/guardian signature if client under 18

date

client signature if minor

date

Second parent/guardian signature if client under 18

date

Katharine Ottone, LPC

date