



Carly Esile, LMHC
Licensed Mental Health Counselor
143 Merrimac Street Unit 9 Newburyport, MA 01950
(617) 959-1571

PSYCHOTHERAPY CONSENT AND AUTHORIZATION AND ACKNOWLEDGMENT OF OFFICE POLICIES

Consent to Treatment: Psychotherapy can have long lasting benefits on your life and day-to-day well-being. However, there are also some risks associated with the psychotherapy process. Because therapy often involves discussing and addressing difficult areas of your life or past experiences, it may result in experiencing strong and uncomfortable emotions. It is important that you are aware of this before beginning the psychotherapy process as it will require commitment and hard work to process those feelings and move forward in the healing process and with your life. By signing this agreement, you are indicating that you understand that there may be potential risks to engaging in psychotherapy and that adherence to recommended treatment procedures is vitally important to the overall efficacy of your treatment and you consent to receive psychological/behavioral health assessment and/or treatment by Carly Esile, LMHC.

Insurance Authorization: Please verify ahead of your initial appointment that I am an in-network provider in your specific plan's network. I will bill directly for services rendered, to the extent of the policy's coverage. The release of some personal information will be required in order to secure payment for services from your insurance company. By signing this agreement, you are authorizing Carl Esile, LMHC to release requested information to your insurance carrier for the purposes of payment for services that are provided to you.

Insurance plans accepted:

Blue Cross Blue Shield
OptumHealth
United Health Care/United Behavioral Health
Harvard Pilgrim
Tufts
Cigna
Aetna

Fee Agreement: It is the responsibility of the patient/guardian to verify that the health services provided by Carly Esile, LMHC are covered by his/her insurance. If at any point these services are no longer covered, or only partially covered (e.g., change of insurance, loss/termination of insurance or exhaustion of benefits), it will be the responsibility of the patient/guardian to pay for the full cost of the service. Co-payments and deductibles are expected to be paid at the time of service. Cash, checks and most credit cards are acceptable forms of payment. The following fee schedule applies:

Initial Evaluation	\$200.00 per hour
Psychotherapy	\$150.00 per hour
Family Therapy (with client)	\$180.00
Family Consultation (without client):	\$150.00 per hour
Missed Appointments	\$50.00 per session

To enroll in autopay, please complete auto-payment authorization & consent form.

Cancellations and Missed Appointments: If you are unable to keep a previously scheduled appointment, 24-hour notice is required for cancellations. Late notification or failure to attend a scheduled appointment will result in a \$50.00 fee. The fee is not billable to insurance and is to be paid at the next appointment.

Appointments: Appointments are scheduled for 50 minutes in duration. This means that your appointment may start or end 10 minutes after/before the hour mark. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Emergency Coverage: Although you can reach out to me between appointments, I am not always immediately available in case of an emergency. All emergencies should be handled by the nearest emergency room, a local crisis team, or the police.

Telephone Calls: There is no charge for routine, brief telephone calls (5-10 minutes to cancel or reschedule an appointment). Calls longer than ten minutes will be billed at \$150/hour, prorated.

Privacy Practices and Patient Rights: I cannot ensure the confidentiality of email or text communication. If you wish to ensure confidentiality electronically, communication options through the client portal are HIPAA secure.

Photographing, videotaping and audio recording any of a virtual or in-person session is strictly prohibited, and illegal.

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. For children 13 and older I am able to share general information about treatment progress and attendance. All other communication will require the child's agreement, unless I feel there is a safety concern (see also Privacy Rights document), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Please refer to the Privacy Practices and Patients Rights paperwork provided to you at the initial session. It is your right to request this information at any point in time throughout the course of treatment.

By signing below, I acknowledge that I have read and had the opportunity to discuss the aspects of informed consent, office policies, and have received a copy of the privacy practices and client rights guidelines. I understand and accept that treatment to me and/or my child or dependent will be provided under the condition that policies are followed regarding attendance, payment, and safety practices as outlined by Carly Esile, LMHC.

Signature: _____

Date: _____

Minor Child or Dependent

Relationship to Minor Child or Dependent