

## **PSYCHOTHERAPY INFORMED CONSENT AGREEMENT**

*Ryan Williams-Schulz, LCSW*

*520-428-8220*

Welcome! I am required by law to inform you about the services you may receive. I am a Licensed Clinical Social Worker in Arizona by the Arizona Board of Behavioral Health Examiners and in North Carolina by the North Carolina Social Work Certification and Licensure Board. This document contains important information about my professional services and business policies. It also contains a brief summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI). In compliance with HIPAA, I am also providing you with a Notice of Privacy Practices, which explains this in much greater detail. It is very important that you read this document carefully, and we can discuss any questions you have at any time. After reviewing this information, please sign this form, which constitutes an agreement between us. You may revoke this agreement in writing at any time, however.

### **PURPOSE OF PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client and the particular problems you are experiencing. However, it may best be understood as interactive discussions or activities with a therapist in order to better understand yourself, your feelings, your relationships, and the world. There are many different methods and/or procedures I may use to respond to the problems that you hope to address. This will typically involve reflecting back to you patterns, dynamics, and deeper feelings that seem to be beneath the surface in our discussions; exploring your emotions, past history, current struggles, and how these may be interconnected; pondering alternate ways of being; and exploring your feelings about the therapy process in order to encourage insight and change. Psychotherapy calls for a very active effort on your part to reflect carefully on the problems you are experiencing, to be vulnerable and speak openly about your emotions and experiences, to receive feedback, and to be ready to make some changes in your life that may or may not be easy. To get the most from therapy, you should expect to work on these issues in sessions and also in between sessions through reflection and attempts at development.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy can lead to better relationships, increased self-esteem, and reductions in feelings of distress. But there are no guarantees of what you will experience, so in that way there may be limitations and unique results. I cannot promise that your behavior or circumstances will change. I can promise to support you, do my very best to understand you, and help you clarify what it is that you want for yourself. Our first few sessions will involve trying to get to know one another, understanding your strengths and needs, exploring the current problems you face, and discussing what has been helpful and not so helpful in the past. Subsequent sessions will explore these topics, and others you broach, in more detail, often drawing

connections between topics to facilitate insight. If you have questions about my methods, you should discuss them whenever they arise.

There are many different forms and theories of psychotherapy. My way of being as a therapist typically align with humanistic and psychodynamic schools of thought, which include discussing emotions, needs, relationships, family of origin issues, attachment, shame, and existential considerations (such as mortality, authenticity, isolation, and meaningful living). Other schools of thought focus on physical sensations, cognitive reasoning and perceptions, building coping skills, and other aspects of wellness. It is important that you select a therapist whose interventions align with your values and needs. If, in the course of our work together, you feel that another therapist may be better able to help you with the issues you face, I will be happy to facilitate a referral and transfer.

### **MEETINGS**

We will usually schedule one 53-minute session per week, or more (or fewer) as deemed necessary, at a mutually agreed upon time. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If you need to cancel or reschedule, please call me at (520) 428-8220. You may leave a voicemail at this number 24 hours a day, seven days a week.

### **PROFESSIONAL FEES**

You have the right to be informed of all fees you may be required to pay. The hourly fee for individual sessions is \$80-140 per session (depending on household income), and this includes note writing, short telephone conversations, and consulting with other professionals as deemed necessary. You are responsible for the fees for your therapy, and are expected to pay for each session or pay your co-pay or co-insurance at the time of the session. If you are using insurance, your billing may be delayed until I receive your explanation of benefits after billing your insurance. There is a \$25 returned check fee. If you do not show up to your scheduled session, are more than ten minutes late, or you do not cancel 24 hours in advance, you will be charged \$65 for your session (insurance does not cover this fee, and three instances of any of these occurrences may cause us to have to end our work together). If your credit card is on file, that will be charged automatically for all outstanding fees, including fees which may be charged after termination. I only issue refunds if a charge was made in error. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time at \$140 per hour, including preparation and transportation costs to court. If you dispute a charge, I may need to release supporting documents as proof the charges are valid. If there are other fees associated with the disputed charge and the charge is found to be valid, you will be charged these extra fees as well. If you request your record, you may be responsible for fees associated with printing and sending the record to you.

### **INSURANCE**

If you are using insurance benefits, please check your policy for deductible and co-pay or co-insurance amounts. It is important for you to understand your own coverage. Most insurance plans cover only “medically necessary” mental health treatment which focuses on containing an acute problem and assisting with related coping skills. Most plans do not cover visits for long-term personality problems or personal growth therapy. You are responsible for referring to your benefits manual or calling your insurance company to find out what they will be responsible for and how many visits they will cover. Be aware of the following possible complications of using your insurance:

- They may deny coverage for any number of reasons, in which case you will be responsible for the full cost of your uncovered sessions.
- You will be responsible for any amount applied to your deductible, and your statement will reflect this.
- Co-pays or co-insurance may turn out to be higher than stated.
- Your insurance company will have the right to access personal information about you (such as your diagnosis and progress notes).

Your policy is a contract between you and your insurance company, and this office is not a party to that contract. Therefore, any complaints or problems about coverage should be directed to your insurance company, and ultimately you are responsible for your bill regardless of what insurance pays. In cases of non-payment a collection agency will be used and the associated fees will be added to your outstanding bill. If your insurance company decides to not cover services that were rendered, you as the client will be responsible for paying those costs to the therapist directly.

### **CONTACTING YOUR THERAPIST**

You may telephone me at (520) 428-8220. Due to my schedule, I may not be immediately available to receive or return calls. However, my phone will be answered by confidential voicemail 24 hours a day. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. Please leave some specific times when you are available to speak if you need me to return your call. If there is an emergency, and you cannot reach me, either: call 911, go to the nearest emergency room, call the Pima County Crisis line at (520) 622-6000 or the Maricopa County Crisis line at (620) 222-9444, or call your physician or psychiatrist for crisis treatment. In the event that I am unavailable for an extended period of time, I will provide you with the means to get support if necessary.

### **ELECTRONIC COMMUNICATION/ INTERNET**

Telephone and voicemail are the preferred methods of contact. Email and text are not encrypted and therefore use of them cannot ensure your privacy. Please do not use email or text as a way to contact me with urgent or emergency situations as I am not able to check my email or text messages at all times. I will accept and send emails or texts in some non-emergency

situations, but please be advised telephone is the preferred method of contact and that your confidentiality cannot be 100 percent maintained when sending information via electronic communication. Please also note that I do not accept friend requests on any social networking sites in order to maintain your privacy and avoid dual relationships. Oftentimes, especially for our first session, you will receive emails from me via a secure electronic health record. Unfortunately, you cannot simply reply to these emails and type a free-form electronic communication to me due to the nature of the electronic health record I use.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a psychotherapist, and you have a right to have your records and all information regarding you kept confidential. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or Arizona law. However, in the following situations, no authorization is required:

-I may occasionally find it helpful to consult other professionals about you. We make every effort to avoid revealing protected health information (PHI), and the other professionals are also legally bound to keep the contents of our consultation confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

-If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-client privilege law. I cannot disclose any information without a court order or your written consent. If you file a complaint or lawsuit against me, however, I may disclose relevant information regarding our work in my defense.

-If a government agency is requesting information about our work for health oversight activities, or if you file a worker's compensation claim, I may have to provide a copy of your file to a state representative, your employer, or an appropriate designee.

-There are some situations in which I am legally obligated to take some action that will likely involve revealing information about our sessions to an outside party, possibly without your consent. These situations are unusual and are limited to situations in which harm is likely, including: cases in which I have reason to believe a child under 18 may be abused or neglected; cases in which I have reason to believe a vulnerable adult is being abused or neglected; and cases in which you have made a specific threat of violence against another, or if I believe that you present a clear, imminent risk of serious physical harm to another person or yourself.

If such a situation arises, I will make every reasonable effort to discuss it with you before taking any action or releasing any information about you, and I will limit disclosure of information to what is necessary.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not

wish to jeopardize them. However, if you acknowledge me first, I will be more than happy to greet you briefly, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy setting.

For the protection of our professional relationship and your confidentiality, I do not accept new client referrals from current clients.

Confidentiality issues can be complicated, so if you have any questions about them, please feel free to ask. Please also review the Notice of Privacy Practices below.

### **CONSIDERATIONS FOR TELETHERAPY**

For those clients engaging in teletherapy, please note that we will use a secure platform to meet for sessions. Despite all attempts to secure your information, there are inherent risks in communicating electronically, such as your personal information being obtained by other parties. There is also the potential for technology failure. If this occurs and is unable to be resolved for a single session, we will use telephone to assist with audio or reschedule session. I use a secure telephone service, and if we meet via telephone, I will verify your identity in accordance with licensing laws. Please also note that I am required by state licensing laws and ethical guidelines to verify and document your physical location and local emergency contacts when meeting via teletherapy or telephone. State licensing laws also prohibit me from meeting with individuals for teletherapy if you are not physically present in the state of Arizona. If I am unexpectedly unavailable for a teletherapy session and you require immediate assistance, you may leave me a secure voicemail at (520) 428-8220, call 911, go to the nearest emergency room, or call your county's crisis line (listed above). Only a rare and extenuating circumstance would cause me to be unavailable for a scheduled session, and I will make every attempt to contact you ahead of time if I need to cancel or reschedule a session.

Teletherapy may not be appropriate for certain clients facing certain challenges. If I believe this is the case, we will create a plan to proceed with sessions in person or I will initiate transferring you to services I feel can better suit your needs. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to: improved communication capabilities, providing convenient access to up-to-date information, increased support, improved quality, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to: a perceived loss of personal connection due to not sharing the same physical space, privacy issues related to your physical space and those mentioned above, the lack of being able to leave your environment to come to the therapy office, and the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues (such as your physical condition including disabilities, apparent height and

weight, body type, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, sex, chronological and apparent age, ethnicity, facial and body language, congruence of language and facial or bodily expression, or any changes in the above-listed items). Potential consequences thus include the therapist not being aware of what he or she would consider important information, which you may not recognize as significant to present verbally the therapist.

To maintain confidentiality, it is imperative that we agree to not share your telehealth appointment link with anyone unauthorized to attend the appointment. It is also important that you are in a fixed location during teletherapy that ensures safety and privacy during our sessions.

### **CONSIDERATIONS FOR COUPLES AND FAMILY THERAPY**

I do provide couples therapy and family therapy when feasible and clinically indicated, though I do not provide any treatment involving minor children. Similarly, I do not make recommendations to courts about custody or other issues. If you are interested in couples or family therapy, we will discuss that during our initial free consultation before our first standard session. Couples and family therapy come with additional considerations. Please note that I do not meet individually with clients who are engaged in couples or family therapy. If we begin our work together in individual therapy, I am ethically bound to not invite others in to our established dynamic but will refer you to a professional who may be able to engage in couples or family therapy with you. If we begin couples or family therapy and it is decided to end that service or work with another professional, I may be able to see one member of the family or couple for individual therapy if clinically and ethically appropriate. However, I am ethically bound to not meet with more than one member of a couple or family simultaneously for individual therapy. If it is clinically indicated and appropriate, we will discuss options for individual therapy with me as a unit to decide the best path forward. If one member of a couple or family decides, after discussion with the couple or family unit and myself, to continue with me with individual therapy, I cannot later see another individual member for individual therapy, but will be happy to offer referrals to other professionals. If you are using insurance for couples or family therapy, only one member's insurance will be used. If we are engaging in couples or family therapy via teletherapy, members can be physically present together and on the same screen, or each member can join the teletherapy session on separate screens. Either option may be preferable depending on couple or family dynamics, schedules, and other considerations, and both options have benefits (flexibility and ease of access) and risks (such as the therapist's ability to assess real-time interactions between members of the couple or family and safety considerations). Please note that all members of a couple or family must be physically present in the state of Arizona to conduct sessions. If this is not possible, session(s) will have to be cancelled and the late cancellation or no show fee may apply.

### **PROFESSIONAL RECORDS**

I keep records about you and our work together. Your clinical record includes why you are seeking therapy, how your current problems negatively impact your life, your diagnoses, our treatment goals, your progress towards those goals, any medical/mental health and social history I gather, any treatment records or consultations I receive from other providers regarding you, your billing records and contact information, and any reports that I release to anyone else. In addition, I also keep a set of progress notes. They help document the areas we have covered, record important information to be remembered later, and track if and how therapy is helping you. These notes include the dates and contents of our conversations, analysis of our conversations, and ideas I wish to explore with you in therapy. This information is available to you and to anyone you authorize to receive it, or not. They may also be released without your consent where required by law (i.e., if they are subpoenaed by a court of law or if your insurance company requests them; see Notice of Privacy Practices).

If you wish to obtain a copy of your clinical record, you may make that request verbally, via phone, or in writing. You will also be required to sign a release of information. I may offer to release to you a summary of your record rather than the records themselves. Please note that I may redact part of your clinical record before releasing it in accordance with ethical standards. Also, please note that reading your own clinical record comes with certain risks, including, but not limited to emotional distress or misunderstanding the intent or purpose of what is written. If you have questions about your records, please feel free to ask.

## **CLIENT RIGHTS**

HIPAA provides you with a number of rights, which briefly include the right to amend the information in your record, to limit what information is disclosed and to whom, to request restrictions as to how you are contacted, and to receive an Accounting of Disclosures, or a list of all information that has been released about you. You also can file a complaint about our policies and procedures regarding your records with the Federal Department of Health and Human Services. Please review the Notice of Privacy Practices carefully.

## **TREATMENT PLAN**

You have a right to participate in treatment decisions and to develop, review, and revise your treatment plan. You also have the right to refuse any recommended treatment or withdraw consent for treatment and to be advised of any consequences of withdrawal from treatment. After our first session, I will send you a link to your electronic record and indicate where you will sign your treatment plan. Your signature and mine are required on this document per state licensing law and established best practices. We will review your treatment plan at least yearly and more often if indicated or necessary.

## **TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process. The appropriate length of the termination depends on the length and intensity of the treatment and other factors. I may terminate treatment after appropriate discussion with you if I determine that the psychotherapy is not being effective, if you are in default on payment, if you have canceled or do not show for three or more sessions or stop attending sessions, if I believe another professional can best help you, or if it is otherwise ethically indicated to stop treatment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons I must consider the professional relationship discontinued. If you decide to pause therapy for an extended period of time, please note that I am ethically bound to consider our treatment terminated until you resume therapy. Depending on my availability, I will be happy to resume therapy with you (barring any compelling reason, as noted above) if you request it. Per ethical standards, I will send you communication before termination with a list of other therapy resources.

I look forward to our work together.

BY SIGNING, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. THIS AGREEMENT WILL BE IN EFFECT FOR THE DURATION OF OUR WORK TOGETHER AND REPLACES AND SUPERSEDES ANY PRIOR INFORMED CONSENT.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES**

*Ryan Williams-Schulz, LCSW*      520-428-8220

**Effective Date: 1/6/2022**

**I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**



## **II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”)**

This notice explains how we use and disclose your protected health information (“PHI” for short). We are required by law to protect the privacy of PHI, and to provide you with this notice and follow the privacy practices described in it. PHI includes information that we create or receive about your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for health care provided to you. We may change the terms of this notice and our privacy practices at any time. Any change we make will apply to the PHI we already have as well as to any new PHI we create or receive. When we change our practices, we will promptly change this notice.

## **III. HOW WE MAY USE AND DISCLOSE YOUR PHI.**

We use and disclose PHI for many different reasons. Below, we describe the different reasons and give you some examples.

A. Use and Disclosure of PHI for Treatment, Payment, or Health Care Operations. We may use and disclose PHI for the following reasons:

1. For treatment. We may use and disclose PHI in order to provide therapy, counseling, treatment, and other services to you. For example, we may use and disclose PHI about you to consult with other professionals about your care. We will obtain your consent before disclosing your PHI for treatment purposes if state law requires us to do so.
2. For payment. We may use and disclose PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may disclose PHI to your health plan to get paid for the health care services provided to you. We may also disclose PHI to billing companies and companies that process our health care insurance claims. We will obtain your consent before disclosing your PHI for payment purposes if state law requires us to do so.
3. For health care operations. We may use and disclose PHI in order to operate our practice. For example, we may use PHI in order to evaluate the quality of services that you receive. We may also disclose PHI to accountants, attorneys, and others in order to make sure we are complying with the laws that affect us. We will obtain your consent before disclosing your PHI for the purposes of health care operations if state law requires us to do so.

B. Other Uses of PHI. We may also use and disclose your PHI for the following reasons:

1. Reports required by law. We may disclose PHI when legally required to do so. For example, we may use PHI to make mandatory reports to various government agencies about suspected abuse, mistreatment, neglect, or exploitation of vulnerable people such as children and the elderly.
2. Health oversight. We may disclose your PHI to certain government agencies authorized by law to license, audit, inspect, or investigate health and mental health care providers and the health care system.

3. To avoid harm. Consistent with state law, we may disclose PHI to the police or other appropriate persons in order to avoid a serious threat to the health or safety of a client, another person, or the public.

4. Appointment reminders, treatment alternatives, and health-related benefits or services. We may use PHI to give you appointment reminders or give you information about treatment choices or other health or mental health care services or benefits we offer.

5. Legal proceedings. We may disclose PHI pursuant to a valid court order, search warrant, and, under certain circumstances, in response to a subpoena or other discovery request.

6. As required by law. We will disclose PHI when required to do so by federal or state law.

C. When Our Use or Disclosure of PHI Requires Your Prior Written Authorization. We must ask for your written authorization for any use or disclosure of PHI not described in sections III-A or III-B above. If you authorize us to use or disclose your PHI, you can later withdraw the authorization and stop any future use or disclosure of your PHI based on it. You can withdraw an authorization by sending written request to me.

#### **IV. YOUR RIGHTS REGARDING YOUR PHI.**

A. Your Right to Request Limits on My Use and Disclosure of PHI. You may ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to agree to it. If we agree to your request, we will comply with your limits, except in emergency situations.

B. Your Right to Choose How We Send PHI to You. You may ask that we send information to you at a different address (for example, to your work address rather than your home address) or by different means (for example, by mail instead of telephone). We will agree to your request as long as we can easily provide the information in the way you request.

C. Your Right to View and Get a Copy of Your PHI. You have the right to view or obtain a copy of your PHI. Your request must be in writing. However, there are some circumstances in which we may deny your request. If we deny your request, we will tell you, in writing, our reason(s) for the denial and explain what appeal rights, if any, you have. If you request a copy of your PHI, we may charge a fee for it if permitted to do so by law. Instead of providing the PHI you requested, we may offer to give you a summary or explanation of the PHI, as long as you agree to it, and to the associated cost, in advance. To view or obtain a copy of your PHI please send your written request to me. You will also be required to complete and sign a Release of Information.

D. Your Right to a List of the Disclosures of Your PHI that We Have Made. You have the right to an accounting of instances in which we disclosed your PHI to others. Some disclosures will not be listed, however. For example, the list will not include disclosures made for the purpose(s) of treatment, payment, or health care operations, or disclosures that you authorized or that were made directly to you. I will report disclosures made within the six years prior to your request unless you request a shorter timeframe. For a list of disclosures you must submit a written request and complete and sign a Release of Information.

E. Your Right to Correct or Update Your PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include the reason for the request. Note: We may deny your request for a variety of reasons. If we deny your request, we will inform you in writing of the reason(s) for the denial and explain your rights regarding responding to the denial. If we agree to your request, we will change your PHI, inform you of the change, and tell others who need to know about the change to your PHI.

F. Your Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you agreed to receive it electronically. You may request a paper copy at any time.

**V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

If you have any questions about this notice, wish to exercise any of the rights explained in it or file a complaint about our privacy practices, feel that we may have violated your privacy rights, or disagree with a decision we made about your PHI, please contact: AZ Division of NASW, 2901 E Greenway Rd, #30183, Phoenix, Arizona 85032 (480-968-4595). You also may send a written complaint to: U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 (1-800-368-1019). We will not retaliate against you for filing a complaint.

Your signature below indicates that you have read the information in this document, that you agree to abide by its terms during our treatment, and that you have received the Notice of Privacy Practices. This Notice replaces and supersedes any previous version.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOOD FAITH ESTIMATE NOTICE OF RIGHTS**

*Ryan Williams-Schulz, LCSW*      520-428-8220

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit: [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_