



WILLOW OAK THERAPY

CLIENT CONTRACT

WELCOME TO WILLOW OAK THERAPY CENTER. PLEASE READ THIS DOCUMENT CAREFULLY.

your signature indicates acceptance of these policies.

SESSIONS

Most psychotherapy sessions are held once per week and are 45-50 minutes in length. Lateness does not alter the fee or the ending time of the session.

FEES

You are responsible for paying for the session fee or your copayment/coinsurance after each session. Your therapist will provide a monthly statement upon request. Please speak to your therapist if you are having financial difficulties. We require a credit card on file, to be used at the time of service for all services rendered. If you have private insurance, the following applies:

I hereby direct and authorize my insurance company to pay Willow Oak Therapy Center all benefits which are, or may become, due to me for services rendered to me or any dependent during the period that I or they receive services from Willow Oak Therapy Center. All payments are to be sent directly to Willow Oak Therapy Center. Should I receive payment from my insurance company, I will sign the check over to Willow Oak Therapy Center or pay Willow Oak Therapy Center in full for all services. Amounts not paid by my insurance company due to deductibles, co-payments, unauthorized sessions, or uncovered services are payable by me in full to Willow Oak Therapy Center.

You are responsible for notifying your therapist of any change in your insurance coverage.

Unpaid appointments are subject to collections. The patient/responsible party will be responsible for all direct collection costs and/or legal fees.

I acknowledge and accept this statement of financial responsibility

CANCELING/RESCHEDULING APPOINTMENTS

You are responsible for paying for the session fee or your copayment/coinsurance after each session. Your therapist will provide a monthly statement upon request. Please speak to your therapist if you are having financial difficulties. We require a credit card on file, to be used at the time of service for all services rendered. If you have private insurance, the following applies:

I hereby direct and authorize my insurance company to pay Willow Oak Therapy Center all benefits which are, or may become, due to me for services rendered to me or any dependent during the period that I or they receive services from Willow Oak Therapy Center. All payments are to be sent directly to Willow Oak Therapy Center. Should I receive payment from my insurance company, I will sign the check over to Willow Oak Therapy Center or pay Willow Oak Therapy Center in full for all services. Amounts not paid by my insurance company due to deductibles, co-payments, unauthorized sessions, or uncovered services are payable by me in full to Willow Oak Therapy Center.

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PHONE AND EMERGENCY CONTACT

Your therapist's will provide you with a contact number.

Therapists are often in session and not able to take your call. You may leave a confidential message, and your therapist will return your call when she/he is able. In the case of a medical or mental health crisis or emergency, if you are unable to reach your therapist or treating psychiatrist, call 911 or the Montgomery County Helpline (301-738-2255), or go to the nearest emergency room.

TERMINATION

You have the right to withdraw from therapy at any time. Ending therapy is a very important part of the therapy process, which is best discussed and planned for between client and therapist. In most successful outcomes, the ending of therapy is mutually agreed upon.

Client Signature: _____

Date: ____ / ____ / ____