



## **INFORMED CONSENT/WAIVER FOR NON-COVERED, NON-THERAPY, OR UNUSUAL SERVICES**

We would like you to know that not all services we provide are covered by insurance, and we would like you to be aware of our policies regarding these services. We will do our best to remind you if we receive a request to provide any services of this nature. We will not release any information without proper signed releases of information from all parties involved in therapy. We may also request that you sign a separate consent for certain specific services.

Some specific examples of non-covered services include but *are not* limited to:

- Preparation for any services requested in regard to litigation
- Testimony in court and time spent waiting to testify or present requested information.
- Deposition for any litigation
- Reports in regard to any litigation
- Any services in response or regard to litigation
- Any fees associated with protecting your medical record including but not limited to:
  - Filing a motion to quash a subpoena
  - Letters (to attorney school, law enforcement, DHS and others)
  - Reports (conciliation, school, etc.)
  - Meeting with attorneys and others
  - Associated travel for any non-covered services
  - School staffings, meetings with teachers and other school personnel, etc.
  - Conciliation
  - Specific phone consultations that do not include therapy
  - Requested medical records, summaries, reports, etc.
- Time blocked out for anything on this list (even if it is cancelled within 24 hours)**

**SERVICES IN REGARD TO LITIGATION: WE REQUIRE PREPAYMENT IN FULL FOR ANY SERVICES IN REGARD TO LITIGATION. FEES FOR THESE SERVICES ARE \$200.00 PER HOUR. When possible, we will provide you with an estimate regarding costs for these services.**

I understand that I will be billed for the therapist's time and I acknowledge responsibility for paying for these services in full.

\_\_\_\_\_  
Signature of client or guardian

\_\_\_\_\_  
Date signed

Print client name: \_\_\_\_\_