

David Meurer, LCSW
415 North Higgins
Missoula, MT 59802
(406)531-6250

Cancellation and Rescheduling of Appointments:

Your regular appointment time is reserved for you and you are financially responsible for the scheduled time. If you need to cancel or reschedule a session, please call and inform me as soon as possible. If an appointment is canceled or missed without 24 hours advanced notice, you will be responsible for paying the full amount of the session you missed, as insurers will not pay for missed appointments.

Confidentiality:

As a general rule of professional psychological practice, you can be assured that information conveyed in assessment, consultation, or psychological practice is considered to be strictly confidential. However there are specific conditions in which confidentiality is waived: if you authorize disclosure of your records through a release of information; if your claim to confidentiality has been waived in certain legal proceedings; if you are in imminent danger to yourself or others; if there is suspected child or elder abuse to be reported.

Telephone:

The phone number where you can reach me or leave a confidential voice mail is (406) 531-6250. This is not a 24 hour number and if there is an emergency or you require immediate attention, you should call St. Patrick's Hospital Emergency Room at 329-5635 or call 911. Phone contact is generally not charged, with the exception of phone calls that require 15 minutes or more. In such cases the cost is prorated based on the hourly fee.

Payment for Services:

Set fee per session is \$145.00 per 60 minute hour. I can bill most insurance companies as well as Medicaid for those who may qualify. Clients are expected to pay for services at the times they are rendered unless other arrangements have been made. Please notify me if any problem arises during the course of your therapy regarding your ability to make timely payments.

Insurance Billing Practices:

I require proof of insurance if we are going to be billing an insurance company for my services and will need to make a copy of your insurance card. You are responsible for any co-payments incurred and not covered by your insurance coverage.

Signing and dating this form indicates that you have read, understand and agree with the terms and conditions regarding this professional practice and services provided as stated above. Your signature also authorizes David Meurer, LCSW to release any medical/mental health information required by your insurance company or Medicaid in order to process claims for the services provided by David Meurer, LCSW, and for the insurance company or Medicaid to make direct payments to David Meurer, LCSW.

Signature: _____

Date: _____

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CLIENT CONSENT FOR CARE:

Counseling is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

CONFIDENTIALITY:

All interactions including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. You may request in writing that I release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- I may consult with other counseling and health providers for care coordination, if I am asked to by you. Before I do this, I would ask you to sign **a release of information form**, which would allow me to follow through with that care coordination. **I do not do this without written consent.**
- If there is evidence of clear and imminent danger of harm to self and/or others, as a licensed therapist I legally required to report this information to the authorities responsible for ensuring safety.
- State law requires that that if I learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age I must report this information to Montana state child protection services.
- A court order, issued by a judge, may require that I release information contained in records and/or require that I testify in a court hearing.

I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, and the nature and limits of confidentiality.

Signature of Client

Signature of Therapist