

Cathy Weeg, LPC
Informed Consent/Disclosure Statement

Thank you for choosing this practice. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

My name is Cathy Weeg. I am a Licensed Professional Counselor. My business address is 565 University Avenue, Suite, #4, Fairbanks, AK 99709. My business phone number is (907)590-8384. I received my M.S.Ed in Counselor Education from Western Illinois University, December 1993.

My style is very interactive, collaborative and dynamic, emphasizing, but not limited to, dialectical behavioral therapy and gestalt therapy. I believe all people have the ability to heal themselves once they began looking inward with objectivity and empathy. I have experience working with adults, couples, children, families, and groups.

I work here at the private practice on Wednesday, Thursday and Friday. I also work at Fairbanks Community Behavioral Health Center (F.C.B.H.C). Due to the policy of F.C.B.H.C I cannot see clients that are also clients of F.C.B.H.C.

***Are you or are any of your family member's current clients at F.C.B.H.C?
Yes or No***

(This information is required by the Board of Professional Counselors which regulates all licensed professional counselors. To reach the board by mail, please write the Department of Commerce, Community and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, Alaska 99811. To reach the board by telephone call 907-465-2550.)

Services and Pricing

We will bill your insurance company for you. Services and pricing are the following:

<u>Services</u>	<u>Rate</u>
Initial assessment session	\$175
Individual therapy/ Couples therapy/ Family Therapy	
One hour	\$125
_ hour	\$62.50
1 _ hour	\$187.50
Group therapy: Per hour	\$60
Workshops: Per hour	\$50 or less depending on workshop
Seminars:	Priced per seminar
Court fees:	
For 3 hours or less	\$350
Any additional hour or less	\$125

As a courtesy we will bill your insurance company, responsible party or third party payer for you if you wish. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. After 3 months of receipt of first bill any unpaid balance will add assessed finance charges. We ask that every client authorize payment of medical benefits directly to Cathy Weeg, LPC.

If you miss an appointment you may be charged \$50 prior to being allowed to schedule further appointments. Any unpaid balances may be turned over to collections. If this is the case, you are responsible for any collection fee charged. You will be charged \$25 for any returned checks..

I have received a copy of my fee schedule.

Client Signature

Date

Confidentiality

Client information shared with me is confidential, except in the following circumstances:

- Information shared with Jennifer Danhauser, LPC for peer review.
- Diagnosis and dates of services shared with our billing provider and your insurance company to collect payments.
- Mandated reporting of abuse of children or adults.
- Threats of suicide or homicide
- Cases where you have signed a release of information
- Information necessary for consultation.
- Information released as outlined in the HIPAA Notice of Privacy Practice.
- Those required by law.

Your treatment program may be discussed with other professionals (other than those listed under Treatment in the Notice of Privacy Practices and Client Rights) and, if that occurs, your confidentiality will be maintained. Also your name and identity will be disclosed only in compliance with AS 08.29.200 of the Statutes and Regulations of Professional Counselors.

Emergency Situations

In case of emergency outside of my normal business hours please contact:

- 1) Fairbanks Community Behavioral Health Center On-Call Service at 452-1575
- 2) Crisis Hot Line at 452-4357
- 3) The nearest emergency room
- 4) Call 911 for immediate emergency care.

Consent for Treatment of Minors

To treat minors under the age of 18, I must obtain a parent or guardians written permission.

I/we consent that _____ may be treated as a client by
Cathy Weeg, LPC.

Parent/Gaurdian Signature

Date

By signing below you acknowledge and accept conditions as outlined above in this
Informed Consent:

Client Signature

Date

Witness Signature

Date

