

YVONNE PLEASANT, LPC, CRC, CVE

Patient Information and Consent to Treatment

Appointments: To ensure fair access for all clients, please provide at least 24 hours' notice for cancellations or rescheduling to avoid an \$85 fee. Arriving more than 7 minutes late without notice will be considered a no-show and will also incur an \$85 fee. Late arrivals will only receive the remaining session time. Missing two or more appointments without valid justification may result in discontinued services or loss of scheduling privileges. We understand that emergencies happen—please reach out promptly if you need to discuss your situation. without valid justification will result in the inability to schedule future appointments.

Emergencies: In case of an after-hours emergency, call 911 or go to your nearest emergency room.

Financial Responsibility: You are fully responsible for all services rendered. Full payment is due at time of service. Acceptable payment methods are Zelle, PayPal or card. All services rendered will be billed to you or your insurance plan. Statements, phone calls and correspondence will be addressed to the patient/guarantor address or phone numbers you have given me. Should your account become delinquent, you will no longer be able to schedule an appointment.

Insurance Billing: Grow Therapy will bill contracted insurance plans directly. For non-contracted plans, payment is due at service. You may seek reimbursement by submitting the receipt. Co-payment, deductible, and non-covered services are your responsibility. Benefits are verified before the first visit. Insurance coverage is not guaranteed.

Confidentiality: Your patient records are the property of Yvonne Pleasant, Pleasant Counseling Services, PLLC and shall be treated as confidential. To comply with state and federal laws regarding patient confidentiality, your records will not be released without the properly executed written consent. Everything about your care will be held in strictest confidence (with the exception of those situations which therapists are required by law to report; such as suspected or reported child abuse, etc.). If you choose to have me keep a third party informed of your progress in counseling, it will be necessary to complete a "Release of Information" form that will be kept on file.

****PLEASE SIGN BELOW TO INDICATE YOU HAVE READ AND UNDERSTAND THE ABOVE NOTIFICATIONS AND THAT YOU ARE CONSENTING TO RECEIVE TREATMENT BY YVONNE PLEASANT, PLEASANT COUNSELING SERVICES, LPC, CRC, CVE.**

Patient/Guarantor Signature

Date