



Success Strategies For Life

Documentation/Signature Page

- Whenever possible, appointments are confirmed a business day in advance. If you DO NOT want your appointment confirmed, please check below.

_____ **No, do not** confirm my appointments

Please Initial

_____ I understand all information given to Keri Forbess-McCorquodale and the staff of **Solutions Counseling & EAP** is confidential. Information given is used to help determine the type of service needed. I understand that if at any time I am uncomfortable providing specific information, I can ask and the necessity of the information will be explained to me.

_____ I have reviewed the points in the Participant Orientation and Client Rights documents of Keri Forbess-McCorquodale, MS, NCC, CEAP, LPC, LMFT. Any questions I have raised have been answered.

_____ I understand if I fail an appointment (do not cancel within 24 hours) I will be charged a fee. EAP clients will be charged \$50.00 for full sessions and \$30.00 for half sessions. Insurance clients will be charged the total amount **Solutions Counseling & EAP** would receive from both insurance and any client co-pays. I will be financially responsible for the fee, and the fee is not reimbursable by insurance.

_____ I understand I will be held financially responsible for additional services such as reports, court appearances, depositions and school consultations. I also acknowledge receipt of the Solutions EAP Fee Form and consent to the terms and conditions outlined therein.

_____ I have received a copy of the Client Grievance Procedure.

_____ I acknowledge that I have received a copy of the Notice of Privacy Practices from **Solutions Counseling & EAP**.

_____ I verify I am eligible for **Solutions Counseling & EAP** contracted services and I am (or my immediate family member is) a direct employee of the company I listed on the Client Questionnaire (applicable only to EAP clients).

_____ Client #1 Signature

_____ Date

_____ Client #2 Signature (if applicable)

_____ Date

_____ Parent/Guardian's Signature

_____ Date

_____ Therapist's Signature

_____ Date