

Notice of Privacy Practices Couples' Receipt and Acknowledgment

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Nate Havlick, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Nate Havlick, LCSW.

Client #1

Driver's License or SS#

Signature of Client #1 (or representative)

Date

Client #2

Driver's License or SS#

Signature of Client #2 (or representative)

Date

Therapist Signature

Date

Representative Name and Legal Authority

Financial Agreement

To be filled out with therapist at initial meeting

Health Insurance/EAP:

Client or Representative's signature: I consent and authorize Nate Havlick, LCSW to release medical or other supporting information necessary to process my insurance claims. I agree to be responsible for all deductibles and co-pays, as well as the \$50 late fee mentioned below.

Subscriber's Name

Signature

Date

Subscriber's Name

Signature

Date

or Negotiated Fee:

I accept responsibility for paying the following fees: _____ for the initial session, and _____ for each session thereafter. I also accept the \$50 late fee as described below.

Client Initials

Signature

Date

Client Initials

Signature

Date

Late Fee:

In the event that I miss an appointment without giving 24 hours' notice, and without having a physical emergency that prevents my attendance, I agree to pay a \$50 late fee. I understand that if I am able to reschedule during the same week, there will be no charge.
