



Consent to Treatment and Payment

I, the undersigned, have voluntarily entered into treatment with Sara Czuchnicki, MS LPC of Children's Counseling Center of Hershey, and hereby give consent to treatment for myself and/or my family as deemed necessary in her professional judgment.

My signature below indicates that I have read the document the "Consent to Treatment," and I agree and understand the following:

- ✓ If I need to cancel or reschedule my appointment, I need to call or email 24 hours before my appointment time to avoid a late cancel fee. The late cancel fee is the full cost of the session and my insurance will not cover this fee.
- ✓ I am responsible for the cost of each session and payment is due at the time of each service. If I choose to use my insurance benefits, it is my responsibility to make sure that my insurance will cover the service.
- ✓ In the event that my insurance does not cover the cost of the session, for instance, by having an unmet deductible, I will make payment arrangements until paid in full. If my account has not been paid for more than sixty (60) days, Children's Counseling Center of Hershey may hire a collection agency or pursue payment in small claims court, which would also include costs incurred for any legal action pursued.
- ✓ I understand the limits of confidentiality.
- ✓ I understand that any electronic communication, via email and text, may not be secure. I realize that email and text communication does not provide a completely secure means of communication, and that while my provider will take reasonable efforts to protect my confidentiality, there is some risk that any protected health information contained in email or text communications may be disclosed to or intercepted by unauthorized third parties.

Client or Guardian Signature

Date