

LIFE INTEGRATION THERAPIES, PC., INC.
KAY WHITEHEAD, MSW., LCSW., FT.
23 E. 39th Street
INDIANAPOLIS, IN 46205
317-626-3626

CONSENTS AND AGREEMENTS

Consent for Treatment: I give permission to Life Integration Therapies, PC., Inc., to provide services to me or my dependents that are within the scope of my therapist's training and certification and I hereby acknowledge said permission by my signature below.

Insurance: I am aware that Life Integration Therapies Takes limited insurances. Some insurance companies will reimburse for out-of-pocket expenses for therapy without a receipt so check to see if there are covered. In such instances Kay or her biller can provide you a receipt for you to submit to your insurance company.

Financial Agreement: Payment is due at each session. Please bring checkbook, **exact change** or credit card payment. Change cannot be made with any regularity. There will be a \$40.00 charge for every check returned or resubmitted. Payment plans can be established under certain circumstances and with advanced notice. Kay does accept credit cards. ***(Please do not let financial concerns stop you from getting the care you need. Let's have a conversation about options and payment plans. Non-payment can result in collections and I would prefer not to go that direction whenever possible. My biller is the one who sends out all financial notices).***

Appointments and Cancellations: You are financially fully responsible for all **missed or cancelled** appointments if they are not cancelled **within 24 hours** of the appointment time. These sessions are not billable to insurance. ***Missed sessions will be billed at the amount of the session.***

Phone Appointments: A Phone Appointment is **mutually agreed** time appointment by phone or in the case of an emergency when circumstances preclude us meeting face to face. Phone appointments are rare and are usually in the case of a crisis only.

Kay does not engage in contact via social media with clients or socialize with clients outside of the therapeutic venue.

If you are having a life threatening emergency, call 911.

Signature _____ Date _____

Print Name _____

Therapist Signature _____ Date _____