

Nurturing Life Concepts, LLC
Wendy A. West Pidkaminy, LCSW-R
Executive Officer
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(315) 682-4005
www.nurturinglifeconcepts.com

SERVICE AGREEMENT/PAYMENT

My provider has discussed services and fees with me, and I have agreed to the following services. I understand that all services are provided at the rate of _____ per fifty-minute hour. I understand that payment is due at the time services are rendered. I understand that additional travel fees may be added depending on location.

____ Parent Coaching ____ Couples therapy ____ Group ____ Assessment and evaluation
____ Teen Group ____ Parent Group ____ Consultation ____ Life Coaching
____ Individual therapy ____ Family therapy ____ Other ____ Pastoral Care/Spiritual Care

_____ Initials	I have read the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i> , and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i> is incorporated by reference into this agreement.
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Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in the Informed Consent for Assessment and Treatment document and the *HIPAA NOTICE OF PRIVACY PRACTICES* available online at www.nurturinglifeconcepts.com. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

Contact Information: May we send you **email** (Y or N), **Text** (Y or N) or **phone** (Y or N) messages regarding missed or rescheduled appointments? . Anyone who reads an email or text or listens to a phone message will realize that you have come to NLC for services. Also note that email correspondence and texting is vulnerable to interception and is not considered reliably confidential. If you send an email or text or ask or expect an NLC agent to reply via text or email to a clinical or personal need, confidentiality will not apply as it cannot be guaranteed. NLC prefers and recommends that all clinical and personal information be divulged in session (in person, skype or telephone).

Email: _____ Phone _____ Text _____

I understand that if I fail to cancel my appointment within 24 hours of a scheduled session I will be charged an \$85.00 cancellation fee. Repeated cancellations will be charged at the full session fee. Monday appointments must be cancelled by Friday at 4:00pm. Saturday appointments must be cancelled by Thursday at 4:00pm.

My signature below indicates that I understand and agree to the above conditions. I consent to participate in services from Nurturing Life Concepts, LLC.

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

In the case of a minor child, please specify the following:

Full name of minor : _____ DOB _____ Relationship: _____

For office use only - client has stated they have read and understand informed consent document, HIPPA and all pertinent information	
Authorized Representative: _____	Date: _____