



Cornerstone Family Resources
 6 S State St
 Concord, NH 03301

FEE SCHEDULE AND THERAPY POLICIES

Payment Policies:

Payments, including deductible and co-payment, are due to your therapist at the time of appointment unless arranged otherwise. Fees are attached in Appendix A.

You will be charged for missed sessions and for sessions cancelled less than 24 hours in advance in the amount of the reimbursement rate or the fee in Appendix A, whichever is lesser. Such charges are generally not covered by health insurance. Standing appointments will be cancelled at therapists' discretion.

Your credit card will be kept on file unless requested otherwise.

If you are currently involved in litigation, please be aware that the scope of my work involves treatment of mental health and emotional challenges. ***Cornerstone Family Resources does not provide testimony or act as an expert witness.***

Confidentiality:

Information shared in the course of therapy will remain confidential and will only be released with a completed and signed Release of Information. Situations where confidentiality does not apply include:

- In situations involving danger of suicide or homicide
- Suspected child abuse or neglect; suspected elder abuse or neglect; or suspected abuse of an incapacitated person
- When ordered by court, or other requirement by law to involve other people.
- Case consultations/supervision without identifying information (e.g. names, addresses, etc)
- Insurance companies as required for the purpose of claims payment, audits, or for authorization of benefits.

By signing below, you indicate that you have read, understand and agree to the above policies and that you agree to be responsible for payment of services provided. You are also authorizing me to provide requested information to your health insurance company.

_____ I would like my card information to be entered every appointment

 Signature

 Date

 Print Name