

4604 N Penngrove Way Suite 110, Meridian, ID 83646

Client Policy Agreement

The following agreement is between you and RK Counseling, PLLC. The word “you” or “client” refers to you, your child, relative or other person who has written his or her name below.

The undersigned agrees to the following office policies:

1. If you need to reschedule an appointment, please call at least 24 hours before the appointment time in order to avoid charges.
2. For effective sessions, children should not be brought to a session unless the session is specifically for the child. Children should never be left in the waiting room while a client is in session. Please make arrangements to come to your appointment without children.
3. If a child is the client, a parent MUST remain in the session room or waiting room during the entire session.

The undersigned agrees to the following billing policies:

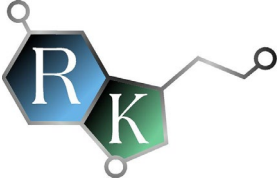
1. Counseling services are to be paid for at the time of service.
 - a. If using another third party for payment or partial payment, arrangements must be made prior to time of service.
2. Based on the information you provide, insurance reimbursements claim forms will be completed by Rikki Davlin or Staff. Insurance will be billed no more than three times per claim, after which you will be responsible for payment.
3. Insurance contracts are between employee, employer, and the insurance company. The contract is not between the insurance company and the provider. Therefore, all payment of fees for services not covered by the insurance company ultimately remains the responsibility of the client.

The undersigned agrees to the following financial policies:

1. Client agrees to pay the usual, customary fee for a full session with Rikki Davlin, LCSW for any appointment cancelled with less than 24 hours' notice or where client does not cancel, but does not appear at the scheduled appointment time (no-show). If client arrives at his or her appointment 15 minutes or more after the appointment is set, client agrees that the appointment will be rescheduled and a \$25 fee may be assessed at the next session.
2. Client understands that late cancel and no-show appointments are not covered by insurance and must be paid for by client.
3. Clients with a history of two late cancel or no show appointments will not be rescheduled.

The undersigned agrees to the following telehealth/distance counseling policies:

1. Client agrees to pay the usual, customary fee for a full session with Rikki Davlin, LCSW for any appointment cancelled with less than 24 hours' notice or where client does not cancel, but does not appear at the scheduled appointment time (no-show).
2. Client understands that late cancel and no-show appointments are not covered by insurance and must be paid for by client.
3. Providers may terminate their relationships with clients with a history of two late cancel or no show appointments.



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The undersigned agrees to the following electronic documentation policies:

1. RK Counseling PLLC and its providers use an Electronic Health Record (EHR) to document all sessions and information.
2. All information documented in the EHR is kept confidential and cannot be released to third party entities without expressed written consent by you.
3. In the event of a breach in the confidential EHR and your private information is compromised Rikki Davlin will contact you and take all appropriate steps necessary to resolve the situation and ensure the information is secured.

Signature of Client or Personal Representative/Guardian

Date