

*James E Pittenger, MS, LMFT*  
**MENTAL HEALTH SERVICES OF MIDCOAST OREGON**

CLINIC: 2550 WOODLAND DRIVE, COOS BAY  
TO SCHEDULE APPOINTMENTS: (541) 269-0956; email: ampac\_2@yahoo.com  
FOR CORRESPONDENCE/PAYMENTS: PO BOX 1688, FLORENCE, OR 97439 FAX 541-997-1871

**Client Information Form**

*Confidentiality of Treatment*

Your treatment and that of your family is protected by ethical and legal standards. You have the right to be assured of privacy and confidentiality while receiving services as defined by rule and law, which also include the following exceptions:

- a. Reporting suspected child or elder abuse or neglect;
- b. Reporting imminent danger to clients or others;
- c. Reporting information required in Court proceedings or by the client's insurance company;
- d. Providing information concerning licensee case consultation or supervision;
- e. Defending claims brought by client against licensee;
- f. In a medical emergency when the client is unable to act on his or her behalf.

*Client Responsibility to Inform*

My practice is limited to providing assessment, treatment and referral; I no longer intentionally provide services related to legal issues. If you or family members become involved in legal proceedings, please inform me as soon as possible, so that we may separate our work in therapy as much as is feasible from the legal concerns.

*The Financial Side of Treatment*

I have two fee schedules. 1. Payment at time of service is \$120.00 per hour. 2. All other arrangements are charged as follows: Initial session (50 minutes) \$275.00 ♦ Individual (50 minutes) \$175.00 ♦ Couple & Family \$175.00  
Legal services (per hour) \$250.00. Sessions that last longer than an hour and telephone calls, letters, etc. longer than 5 minutes are prorated at the hourly rate.

Interest will be assessed at a rate of 1.5% per month (18% per annum) on any balance 60 days or more past due. In the event that it is necessary to submit your account to Collections, a 40% service fee will be assessed for the processing of the necessary paperwork.

You will be charged in full for any appointment you miss, unless you have cancelled the appointment 24 or more hours in advance. Be advised: You are responsible for this fee; insurance companies will not pay.

Employee Assistance Program. If you are enrolled in an EAP and you have received prior authorization for treatment under the EAP, your EAP will reimburse us for the authorized sessions. If services continue beyond the number of authorized sessions, financial responsibility becomes yours.

Third Party Billing. Our financial contract is with you, the Client or Responsible Party. I file Third Party Claims as a courtesy to you once the required documentation is on file. Because I am in solo practice without office staff, I do not have the capability to deal with insurance claims problems, if they arise. If problems arise, I will ask you to resolve them with your insurance company directly, and to assume responsibility for paying the balance due on your account. Once insurance payments are received, I will make adjustments and/or refunds upon receipt of the Explanation of Benefits from the insurer.

*Client Consent to Treatment*

My signature indicates that I consent to treatment on the terms described above and authorizes James E. Pittenger, LMFT to release information necessary to process a claim or statement for services rendered on my behalf and also authorizes payments for mental health benefits to be made directly to James E. Pittenger, LMFT. If referred by another professional and/or physician, I give James E. Pittenger permission to acknowledge that either I or another member of my family is receiving services.

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Signature

\_\_\_\_\_  
Date