



Synchronicity Counseling Solutions

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Consent for Services Agreement

This document acknowledges that _____ (“client”) is voluntarily seeking clinical social work services from Synchronicity Counseling Solutions, LLC. There is no contract for duration of services, and the business arrangement between the two parties, subject to the policies below with respect to cancellations and services already rendered, may be severed at any time by either party.

- Each regular session, unless otherwise scheduled, lasts approximately forty-five (45) minutes. Clients who would like a longer session can request this when scheduling; however, clients using insurance may need to pay for the additional time out of pocket. **Initials:** _____
- Clients are responsible for paying the agreed upon amount due (self-pay rate, co-pay and/or co-insurance amounts) at each session. Any remaining balances for insurance clients following carrier adjudication will be billed to the client. After 30 days and with prior notification, balances may be applied to a credit card on file. **Initials:** _____
- If at any time client wishes to switch methods of payment (self-pay to insurance, or insurance to self-pay), you must alert the provider in writing. Please understand that this change cannot be retroactively applied to any sessions completed prior to the date notification is received and acknowledged by the provider. **Initials:** _____
- **Appointment cancellations:** 24 hour notice is required for all cancellations; otherwise, clients will be charged the full contracted fee for a missed session. Insurance carriers will most likely not pay for missed sessions. If an emergency situation (illness, accident, etc.) should occur within the 24 hour window, please contact the provider as soon as possible to discuss the circumstances. **Initials:** _____
- This provider is a **Mandated Reporter** of any suspected child/elder abuse or neglect. **Initials:** _____

In case of a **mental health emergency** - specifically if having thoughts of suicide, self-harm or causing harm to someone else, clients are to:

- Call the provider at (314) 252-0174. If prompted, leave a voice message **and then immediately call 9-1-1 and/or go to the nearest emergency room.** Other mental health emergency resources include Life Crisis Services at (314) 647-4357 and Behavioral Health Response at (314) 469-6644. **Initials:** _____
- Clients understand the limits of confidentiality, for the sole purpose of safety, related to these emergencies. **Initials:** _____

I (we) agree to and understand the above policies and procedures.

Client Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

Provider Signature: _____ Date: _____