Central Ohio Relationship Experience
Financial, Confidentiality, and Consent Agreement

Client Name_____
DOB_____
Assigned CORE clinician: Chris Nemeth LISW-S

Thank you for choosing Central Ohio Relationship Experience! Please read and sign the following form:

Payment for services: Payment is due at the time of service. CORE does not utilize health care insurance. Self-pay clients are responsible for paying the self-pay rates in full at the start of every session.

Rates are as follows for 50-minute sessions:
Diagnostic: $200
Individual: $120
Family or Couples: $140
Legal Consult or Request: $500 retainer and $250 an hour
Phone Consult: $2 a minute after 7 minutes. Call needs to be 8 minutes or longer.

Missed Appointments: Clients must give 24 hours' notice when canceling an appointment. A $50 no-show/late cancellation fee applies to all appointments. The client will be provided a one-time fee waiver to waive one $50 no-show/late cancellation fee.

I understand that CORE follows HIPAA regulations, and my information is confidential. The exceptions of confidentiality are suspected abuse and neglect of a child, animal abuse, and if someone is harmful to self or others by the law of the state of Ohio. A release of information is needed to share information with others.

I agree to being treated by the assigned clinician at CORE. I understand that I have choices in the treatment process and that there are no guarantees that treatment or intervention will work. I will work on a treatment plan provided after 4-5 sessions or 1 month. I may end my services at any time.

I have read, understand and agree to the above financial policy for payment of professional fees.

The client is ultimately responsible for payment of all professional fees.

Signature: _____

Printed Name: _____
Date: _____