Kipper S. Horton

Marriage and Family Therapist
Licensed Alcohol and Drug Counselor

180 West Huffaker Lane, Suite 302, Reno, NV 89511

Date: _____/_____/_____ Referral:_____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (_____) _____

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (_____) _____

INSURANCE INFORMATION

Name of Insured: _____ Relationship to Client: _____

Date of Birth: _____/_____/_____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company: _____ Policy Number: _____

Reason for Seeking Services: _____

_____

INFORMED CONSENT FOR COUNSELING

I/We enter into a therapeutic relationship with Kipper Horton, Nevada Licensed Marriage and Family Therapist and Nevada Licensed Alcohol and Drug Counselor.

Mr. Horton agrees to provide timely and professional services within the scope of his practice and to the best of his ability. I/We agree to participate fully in this process. I/We understand that Mr. Horton is available for contact Monday-Friday from 8am to 5pm, unless otherwise informed. I/we understand that during an emergency we will contact the 24-hour crisis line by phoning (775) 784-8090 or contacting emergency services.

I/We hereby acknowledge that I/we have been provided with and reviewed a copy of the Privacy Notice (HIPAA). I/We understand that all information regarding counseling sessions, assessments, and mediation is strictly confidential and will not be communicated by Mr. Horton to others without my/our written permission. I/We understand that exceptions to this code of confidentiality include any situation in which I/we present a clear and immediate danger to self or to others, any indication of child or elder abuse or neglect, and any situation in which such communication is ordered by a court of law.

Payment or co-payment stipulated by your insurance provider is required at the end of each session. The full fee for services is $150 per 50-minute session. Special evaluations and reports are charged at a rate of $200 per hour or $50 per 15 minutes of related service. Legal depositions or court testimony will be billed at the rate of $300 per hour. Cancellation of appointments is required at least 24 hours in advance of the scheduled time in order to avoid being charged for the session.

I understand that a portion of the fees charged for these services may be covered by my/our medical insurance. I/we agree to take full responsibility for reviewing all insurance policies, to assist in billing my/our insurance or to bill my/our insurance if necessary. I/We will be provided upon request with the proper receipts and statements for these purposes. I/We hereby give permission for Mr. Horton to communicate any information necessary for the processing of my insurance benefits and I/we authorize all third-party payments to be made directly to Mr. Kipper Horton. I/We authorize photocopies of this and other insurance forms to serve the same purpose as the originals.

I/We also agree that I/we remain responsible for all charges related to these services including any remaining deductibles, co-payments, or payments disallowed for any reason by the insurance carrier.

If I/we seek counseling for a minor family member, I/we hereby authorize the treatment of the minor(s) listed below: I/we hereby acknowledge as a parent or legal guardian of _____ I/we have reviewed or received a copy of the Privacy Notice.

I understand and fully agree to these matters as stated above.

Signed _____ Date: _____

Signed _____ Date: _____

RELEASE OF INFORMATION: I authorize Mr. Kipper Horton to communication any and all information pertaining to my case directly to the persons listed below. This authorization will be effective until the cancellation date listed below.

Recipient of Records _____

Client Signature _____

Effective Date _____ to Cancellation Date _____