



Medical ■ Counseling ■ Recovery

Welcome to Cornerstone Health Counseling

Cornerstone Health Counseling is committed to treating the whole person. We provide counseling services to nurture you to become a healthy individual in body, soul, and spirit. Clinic services are provided by licensed psychologists, master level clinicians, individuals with master's degrees seeking licensure, and students in graduate programs. The students and non-licensed clinicians are under supervision by on-site clinical supervisors. Information regarding your chosen therapist's qualifications will be provided. Clinic services do not include forensic work. Court-ordered services will only be provided at the discretion of the therapist. Additional fees will be added for any court-related services. Such fees will be provided if approved. For questions about your treatment, you may call us at (907) 522-7080.

Please initial on each line, indicating that you have read the paragraph.

_____ **CONFIDENTIALITY:** We place a high value on client privacy; all records are confidential. Recording devices in session are only authorized if a prior mutual agreement between clinician and client has been established. We may bring client cases to case consultation or consult with another therapist within the agency. Should we do so, no name or other identifying information will be shared. You may give written permission for your therapist to share information with other individuals like medical or psychiatric providers, school personnel, case workers, or family members.

Legal requirements specify certain conditions in which it is necessary for us to disclose your name and/or your treatment. These requirements are as follows:

1. **If we believe you are a danger to yourself or others.**
2. **If we become aware of any involvement you have in the abuse of children, elderly, or disabled persons.**
3. **If we are ordered by a judge or court to release your records.**

_____ **FEES:** I understand that if my therapy hour extends over the normally scheduled time, I may be responsible for a larger co-pay or co-insurance and anything else that my insurance will not cover. Fees also apply to the preparation of assessment and other reports, telephone conversations, consultations, or meetings you have authorized as part of your counseling process. We will bill your insurance carrier(s) as a courtesy. Insurance co-pays and co-insurance are due at the time of visit. If your insurance does not pay, you are responsible for your bill. As of August 1st, our billing is done through Spectrum Medical Billing Services, LLC and their phone number is (907) 440-5900. Any date of service prior to August 1st is handled by Diversified Health Care Management at (907) 770-2380.

_____ **NO-SHOWS/LATE CANCELLATIONS:** If you are unable to attend scheduled session, please give us a 24-hour notice of cancellation. The fee for an unkept appointment/late cancellation is \$100. After three no-shows or late cancellations, you may be subject to termination of services. If you are booked in a standing appointment slot and you are finding it difficult to consistently keep those standing appointments, please let us know. We reserve the right to remove those standing appointments from the schedule to free up those appointment slots and we are happy to schedule appointments one at a time for you.

I hereby give consent to Cornerstone Health Counseling to administer appropriate treatment. I also consent to the release of information for insurance purposes from my insurance company to Cornerstone Health Counseling. This signed consent shall remain in effect until it is revoked by the client or guardian, at which time written notice must be given to withdraw existing consent. I am responsible for all charges generated for services rendered including services not covered by my insurance company.

Signature of Client/Parent/Gurdian/Authorized Representative

Date

Printed Name of Client

907.522.7070

2121 Abbott Road, Anchorage, AK, 99507

cornerstonehealthalaska.org

C a r e f o r t h e w h o l e p e r s o n