



John Simmering, Ph.D., Kairos Consulting and Counseling, LLC, Box 670, Hesston, KS 67062

CONSENT AND AGREEMENT FOR PSYCHOLOGICAL SERVICES

I, _____, agree to participate with Dr. Simmering in my individual,
Printed name of client
couple or family counseling. I will initial beside each of the following points indicating I am aware of and agree to the following:

the Informed Consent, Treatment Agreement for Psychological Services, and Office Policy handout for Clients (available online and at the office).

I realize that I am fully responsible for paying the agreed upon session fees per the fee schedule whether I submit an insurance claim or not. I recognize that Dr. Simmering is out-of-network for insurance unless otherwise stated.

Medicare is not accepted by Dr. Simmering so I agree to not submit any claim to Medicare regarding my treatment with Dr. Simmering. A form agreeing to this must be signed before counseling begins, if you have Medicare. (This is a Medicare requirement.).

Dr. Simmering may provide my insurance company with all the information they request from my clinical record and that if my insurance denies coverage for Dr. Simmering's services for any reason, I am responsible for paying for such services in full.

I realize that insurance does not pay for missed or cancelled sessions making me responsible for this fee.

I realize I should not send private, personal, emergency, and/or time sensitive information via email.

I understand that no specific promises have been made by Dr. Simmering about the results of treatment, the effectiveness of the procedures used by him, or the number of sessions necessary for therapy to be effective. It does, however, constitute an offer on my part to pay Dr. Simmering for access to his resources as a psychologist and his willingness to apply those resources in good faith.

I understand that Dr. Simmering may terminate the counseling relationship for any reason, i.e. failure to follow treatment guidelines or safety plans, excessive absences, progress is unlikely or continuing may be detrimental to me/us, that he decides to make a referral to a professional(s) better suited to my needs, and he will discuss this with me/us in person or attempt to notify me of this decision.

Dr. Simmering is not available at all times and cannot provide 24-hour crisis counseling. If he is unavailable and I am experiencing an emergency, I will do one of the following to ensure my safety: (1) call 9-1-1 or (2) go to the nearest emergency room if I can safely drive myself or have someone else drive me.

