

**McCaskill Family Services, PLLC**

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734-416-9098, Ext. 1 – [www.mccaskillfamilyservices.com](http://www.mccaskillfamilyservices.com)  
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**POLICIES REGARDING PROFESSIONAL SERVICES AND GROUP THERAPY**

**CONFIDENTIALITY** Any information you provide, as well as counseling records that are maintained, are kept strictly confidential, with the exception of life threatening situations, cases of suspected child abuse, when release is otherwise required by law, or when you request that the information be released. Should the need arise, your case may be discussed anonymously during case consultation with another licensed psychologist while keeping identifying information strictly confidential. Clients participating in group therapy are politely asked to keep group information confidential to the best of their ability; however, participants understand that other clients in the group are not licensed mental health providers and are not held to the same strict levels of confidentiality.

**PAYMENT OF FEES** All clients are required to pay a fee of \$95.00 for one person or \$125.00 for one couple for each group that they attend. The charges will show up as MFS on a credit card statement, and clients will still receive their normal statement from MFS **after the conclusion of the five- week group to use for reimbursement.**

**INSURANCE** Many insurance plans cover all or part of the costs of psychological services. If you expect to file for reimbursement from your insurance company, we will, at your request, provide you with a suitable receipt at the **conclusion of the five-week group.** Submission of forms or receipts to the insurance company is, in all cases, the client’s responsibility.

**MISSED SESSIONS** Clients will only be charged for the sessions they attend.

**CHARGES** Charges for the parent support group are as follows: \$95.00 for a single person x 5 weeks = \$475.00; \$125.00 for a couple x 5 weeks = \$625.00.

**Please indicate that you have read the above statements by signing below. I give consent to be seen professionally by McCaskill Family Services.**

Client Signature: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

SS#: \_\_\_\_\_