

**Matt Case, LCMHC
SIGNATURE PAGE**

Client: _____

I have received a copy of the Matt Case's Client-Therapist Contract and a copy of the HIPPA Privacy Notice.

Signature (Patient or Representative)

Date

Relationship

I have read, understand and accept all of the provisions of Matt Case's Client-Therapist Contract and give my consent for treatment under its terms.

Signature (Patient or Representative)

Date

Relationship

**I have read, understand, and accept
the following by initialing each appropriate item:**

____ Matt Case, LCMHC may disclose Protected Health Information when necessary to my insurance company if I want my insurance to be billed. If this is not initialized, I understand that I must pay in full for services.

____ Matt Case, LCMHC may use Protected Health Information to consult a clinical supervisor for the purpose of Treatment/Consultation.

____ Matt Case, LCMHC may contact my primary physician and/or psychiatrist to coordinate treatment.

____ Matt Case, LCMHC may share Protected Health Information with his contracted Equine Specialist for the purpose of providing me equine assisted psychotherapy

Matt Case, LCMHC may contact me or leave messages:

____ on my telephone

____ by email (necessary to access online portal for telehealth and reminders)

____ by SMS/text messages on my phone

Sliding Fee Scale Clients:

I agree to the following per-session rate: \$_____. Signature: _____