



**YOUR RIGHTS**

- To receive quality professional services
- To be assured privacy and confidentiality
- To review and discuss fee for services
- To refuse service at any time

**YOUR RESPONSIBILITIES**

- To be on time for scheduled appointment
- To actively participate in your own treatment
- To pay for services prior to treatment
- To give **24-hour** notice prior to cancelation\*\*

**PRACTICE POLICIES**

**CONSENT TO TREATMENT:** I hereby grant Wendy Balconi and Spark Inner Wellness permission for any counseling, coaching, testing, diagnostic evaluation or integrative practice methods and understand and am aware that there is a potential for any treatment to elicit emotional stress, strain and life changes as a result of entering into this process. I understand that Wendy Balconi does not guarantee any particular results or outcomes. I am aware that Wendy Balconi and Spark Inner Wellness do not provide emergency services.

I, \_\_\_\_\_ the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship.

The rights, risks, and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. Wendy Balconi encourages that this decision be discussed in order to help facilitate a more appropriate plan for termination of the therapeutic relationship.

**Non-voluntarily Discharge from Treatment:** A client may be terminated from Spark Inner Wellness if: (A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts in session and/or (B) the client refuses to comply with stipulated Rights, Responsibilities and Policies, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the non-voluntary discharge by letter.

**Client Notice of Confidentiality:** The confidentiality of client records maintained by the Wendy Balconi is protected by federal and/or state law and regulations. Generally, Wendy Balconi may not say to a person outside the session that a client attends sessions with Spark Inner Wellness or disclose any information identifying a client unless: (1) the patient consents in writing, (2) the disclosure is allowed by a court order, or (3) the disclosure is made to medical personnel in a medical emergency or to another health care provider which client deems necessary to coordinate health care treatment and planning.



**Federal and/or State Law and Regulations:** do not protect any information about a crime committed by a patient either in session or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under federal and/or state law to appropriate state or local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is Wendy Balconi’s duty to warn any potential victim when a significant threat of harm has been made. In the event of a client’s death, the spouse or parents of a deceased client have a right to access their child’s or spouse’s records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about the client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original.

**FINANCIAL POLICIES:** I accept financial responsibility for charges I incur during the course of treatment, and I understand and agree to pay the specific charges associated with specific treatment protocols.

- Client(s) are required to pay their fees at the time of service.
- Client(s) must provide 24-hour advanced notice if canceling an appointment. \*\*Failure to do so will result in \$120 cancellation fee. Any check returned for insufficient funds must be paid plus a fee of \$25 prior to the next scheduled appointment.
- Clients understand that although they may have insurance, they will be responsible for full payment of their fees.

**Recipient’s Rights:** I certify that I have received my Rights and Responsibilities, Policies and Consent and certify that I have read, understand and agree to its content.

I consent to treatment and agree to abide by the above-stated policies as outlined above.

\_\_\_\_\_  
**Signature of Client/Legal Guardian**

\_\_\_\_\_  
**Date**

(In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf)

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**