

Administration Consent Form



Kimberly Keiser
and Associates

I acknowledge that I have received fee related information for administrative work I will be billed for in the event that my therapist utilizes time on any type of administrative tasks that need to be completed on my behalf.

I understand and agree to pay the charges in the amount of \$250.00 per hour when my therapist works on administrative tasks regarding my care. I understand my financial billing information on file will be charged automatically on the date of service. I understand and agree I will not necessarily be notified in advance of the charge, only that it will occur on the date of service. I understand and agree that my administrative tasks will not be completed or any correspondence released to an outside party until payment has been made.

Some examples of administrative work you may request may include, but are not limited to:

1. Evaluation review or writing of evaluations done outside of session
2. Treatment plan review or writing of treatment plans done outside of session
3. Collection and analysis of legal documentation
4. Professional letters of recommendation or treatment summary letters requested by you for a third party
5. Coordination of care with a third party requested by you that requires multiple point of contacts

Administrative work that is deemed necessary by the therapist will be charged the \$250.00 fee and has the final authority on what is considered to be necessary.

Furthermore, I agree that all questions I have regarding this process and payment requirement have been answered and that that I will comply with the plan outlined above.

My signature below shows that I understand and agree with all of these statements.

CLIENT SIGNATURE (OR PERSON ACTING FOR CLIENT)

DATE

PRINTED NAME

DATE

THERAPIST SIGNATURE

DATE

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.