

Jersey Shore Wellness Studio
Service Agreement

Appointment Information:

Sessions are 45 minutes in length beginning at your scheduled appointment time. The therapeutic relationship requires your active participation and dedication as it is essential to effective treatment. Although sometimes missing an appointment may be unavoidable, continued cancelled appointments (3 or more) will jeopardize your treatment and result in possible termination. **If you need to cancel an appointment, please give 24 hours advanced notice or you will be charged a \$60 fee for the missed/cancelled session.** If you fail to reschedule an appointment within 30 days, your case will be closed from active files.

Payment:

Payment is due in full at the time of service. No refunds will be given.

Emergencies:

In the event that your case has been terminated or you are experiencing a psychiatric emergency: Please note the availability of Monmouth Medical Center Emergency Screening Services: 732-923-6999; Ocean Medical Center Emergency Screening Services: 732-886-4474; Children’s Mobile Response/ PerformCare Crisis Phone Number : 877 652 7624. **You can always access emergency support by calling 911. Please know that these crisis contacts should be stored and utilized in the event of an emergency as phone calls are returned during office hours only.**

***Emergency Contact/Relationship:**

***Phone Number:**

I acknowledge that I have been provided with a copy of my provider’s notice of privacy practices and I have been given an opportunity to review the notice of privacy practices prior to signing this consent. I also acknowledge that my provider is legally mandated to report any suspicions of child abuse and/or neglect as well as potential harm to self or others.

***In the event of an emergency, I authorize Jersey Shore Wellness Studio to obtain and release information to the above designated emergency contact.**

Name:

Date of Birth:

Address:

Phone Number:

Current/previous medical conditions & medications:

Acceptable communication (circle): **Email** **Telephone** **Text Message** **Voicemail**

Signature of Client/Parent/Guardian _____

Please Print Name of Person Completing Form _____

Client Name (Print) _____