

# Kris Brightbill, MA, LPC, NCC

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## Office Policy Statement

### CONSENT TO TREATMENT

I understand that the treatment offered by my or my minor's therapist, Kris Brightbill, MA, LPC, and Turning Tides Transitions is of a voluntary nature.

I understand that within certain limits, information revealed during therapy will be kept strictly confidential, requiring a written authorization from all parties in treatment if aged 18 years or older. Minors in treatment will require the written authorization of a parent or legal guardian. However, I also understand that if I reveal information indicating that I may be a serious threat to harm either myself or others, then my therapist may be permitted and/or mandated by law to reveal this information to other persons or agencies for the safety of myself or others. This would include instances of suspected child abuse when treating a child less than 18 years of age.

### CANCELLATIONS

I understand that payment is expected at the time of service and that I am financially responsible for missed sessions unless the session is cancelled at least **24** hours in advance.

### INSURANCE STATEMENT

I understand that any arrangements that I have for medical insurance is a contract between myself and the insurance company. I am responsible for filing my own insurance claims for reimbursement. In order for me to know clearly what my coverage is, I will need to call my insurance carrier and find out exactly what outpatient mental health services my policy covers with this therapist and what the conditions of coverage are (e.g., is pre-certification necessary?). I understand that if I use my insurance for mental health services, the carrier may contact my therapist for information regarding diagnosis, symptoms, progress, and dates of service.

I understand that insurance does not cover coaching and transitional support services.

Provider identification numbers you may need to submit to your insurance company:

**EIN # 208428595 NPI # 1033280649**

### PAYMENT

I understand that full payment is expected at the time of service. Payment by cash, check, VISA, or MasterCard is accepted. All checks should be made payable to Kris Brightbill.

My signature below signifies that I have read and understood the above policy and agree to its terms.

\_\_\_\_\_  
(Print Client Name)

\_\_\_\_\_  
(Signature of Client or Responsible Party)

\_\_\_\_\_  
(Date)