



Patient Service Agreement and Consent Form

Michelle Scolaro, LMHC (“Provider”) is proud to provide you with personalized support and care. Please read and sign the following agreement: it lists our billing, scheduling and cancellation policies and procedures. If you have any questions, please ask for clarification.

- A. Scheduling Services.** All services can be scheduled either via phone by calling Provider at 914-306-5141 or by emailing Provider at michelle@createdlife.llc or through Calendly link at: <https://calendly.com/createdlifellc> If you schedule an appointment or communicate with Provider via email, you are consenting for Provider to respond to your email utilizing the same method, even if you have not completed the email and text consent you will receive in conjunction with this Agreement.
- B. Cost of Services.** Provider’s rate for a 50-minute session is \$225.00. Provider’s rate for a 30-minute session is \$125.00.
- C. Services.** You agree to receive psychotherapy/counseling/coaching (the “Services”) You understand the risks, benefits and alternatives of receiving these Services and have had the opportunity to ask questions.
- D. Payment Methods.** You understand and agree that payment for services shall be made at the time of service. Provider accepts payment in the form of Venmo, PayPal or Zelle when paying out of pocket (without insurance). If you will be using insurance to cover some or all of the cost of your appointment, you should provide your insurance information through the Alma platform ahead of your appointment. The Alma team will confirm your insurance eligibility and provide you with an estimate of your payment responsibility. You should be prepared to pay any co-payments at the time of the appointment with either Venmo, PayPal or credit card. If Provider is out of network for your insurance, Provider will provide you with a superbill to submit to your insurance carrier, but you must be prepared to pay in full for your appointment at the time of service, with either Venmo, PayPal or credit card.
- E. Cancellation/No-Show Policy.** You understand that your appointment must be canceled at least twenty-four (24) hours in advance. You will be charged \$90.00 for any missed sessions with less than 24-hour notice of cancellation. Sessions are considered “no-show” if you do not arrive in the zoom meeting room within the first 15 minutes of your scheduled appointment time and have not contacted the provider.

F. Confidentiality and Compliance. Provider will take appropriate precautions to keep your health information confidential and to not disclose it without your consent. You are also protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA) and any other applicable federal and state laws related to protection of patient information, including but not limited to Public Health Law § 18. There are certain exceptions to when your confidential information would not be protected—for instance, if Provider believes that you will harm yourself or another person or are neglecting or abusing a child or a vulnerable adult.

G. Waiver of Liability. By signing this Agreement, you agree to waive, release and discharge Provider from any and all liability, including, without limitation, any injuries that may occur during the provision of services under this Agreement.

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Acknowledgement and Agreement

I have read and understand the information provided above, and understand and agree to the terms in this Agreement, including costs of Services, payment methods and cancellation policy. Any questions I had have been answered.

Patient Signature: _____

Print Name: _____

Date: _____