

Get Current! Consulting™ Agreement

Marcia Newman, M.A., L.M.F.T.

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Dear

We are scheduled for a Consultation/Session on

I have allotted **45 Minutes for your Initial Consultation at the rate of \$ 150.00.**

Follow up **Get Current! Consultations™** are 45 minutes for \$150. Extended consultation times are available and are pro-rated. **Full payment is required at the time of service** via a Credit/Debit Card or Check payable to: **Marcia Newman, MA, LMFT.** You will be provided a receipt for services provided. If you are unable to make your scheduled appointment, please **give 24 hours notice of cancellation** to avoid a \$150 missed appointment fee.

If you would like to utilize your mental health insurance a psychological diagnosis is required and will be deemed a psychotherapy session. To obtain possible reimbursement, you may send your receipt to your insurance company. If you choose the psychotherapy option, you will receive My *Notice of Privacy Practices* which provides information about how I may use and disclose your protected health information. By signing this form, you acknowledge that I have given you my *Notice of Privacy Practices*.

If you choose to receive **Reconnective Healing® Sessions** and/or **The Reconnection®** it is agreed that you have read the information provided on my website or in my brochure. I have been authorized by Dr. Eric Pearl to perform **Reconnective Healing® Sessions** and **The Reconnection®**. By signing this form, you understand that **Reconnective Healing® Sessions** and **The Reconnection®** do not involve any diagnosis or medical treatment, and are not to be substituted for regular medical care. While some persons have experienced healing after receiving **Reconnective Healing® Sessions** and/or **The Reconnection®** you agree that there is no guarantee, either expressed or implied, of any particular outcome. By signing this form, you understand and accept that you are solely responsible for seeing to, and continuing with your own medical treatment/health care. **Reconnective Healing® Sessions** and **The Reconnection®** do not qualify for mental health insurance reimbursement at this time.

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone _____

Work Phone (____) _____

Birth Date _____ Age _____

Email Address _____

(To be used for Scheduling, Appointment Reminders & and to receive my Free Monthly E-newsletter)

I have read, understood and agreed to the above information and that it is my desire to receive consultation with Marcia Newman.

Client Signature(s) Date

Marcia Newman, M.A., L.M.F.T. Date

California License MFC #43065

Florida License LMFT #1862

Wisconsin Licenses LMFT #421 & LPC #1851