



### NOTICE OF SACRED TREE COUNSELING, LLC POLICIES

- I have read and received a copy of the notice of privacy practices (HIPAA), disclosure statement, release of information for Amy Ladebue, MA, LPCC of Sacred Tree Counseling, LLC, and any other pertinent documents for my service needs (i.e. treatment consent for minors) if relevant. I have also provided my payment information to Sacred Tree Counseling, LLC via the HIPPA compliant app Ivy Pay®.
  
- I understand that I am choosing to receive mental health counseling services from Amy Ladebue, MA, LPCC of Sacred Tree Counseling, LLC of my own free will. I understand that I will pay Sacred Tree Counseling, LLC directly for a fee of \$\_\_\_\_\_ per 50-minute session.
  
- I understand there is a 24-hour cancellation policy and that my credit card on file will be charged for late cancellations or missed appointments.
  
- If I miss more than 3 appointments (late cancel or no notice) my therapist may choose to terminate services. After 30 days if I have not Amy Ladebue, MA, LPCC, services will be terminated and I will need to reapply for services if I wish to continue.
  
- I agree not to subpoena Amy Ladebue, MA, LPCC of Sacred Tree Counseling, LLC to testify in court for matters including but not limited to; custody of children, divorce, domestic violence, or issues related to substance use.
  
- I understand that Sacred Tree Counseling, LLC does not accept any insurance and cannot see Medicaid or Medicare clients. I am solely responsible for payment and am aware that Sacred Tree Counseling, LLC only accepts cash, check, credit, debit, or HSA credit cards.
  
- To cancel or reschedule appointments I will contact Amy Ladebue, MA, LPCC by phone or email.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_