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## TREATMENT AND POLICIES

Your participation in your treatment is completely voluntary and as such, you have the right to refuse to participate in any interventions recommended. While it is expected that you will discuss with your clinician any concerns you might have in this regard, the benefits that you attain from our services will be dependent on your willingness to honestly discuss your thoughts, feelings, and behaviors, and to examine how these may be contributing to your difficulties. At times this may be an uncomfortable process and it will need to proceed at a pace that is comfortable for you.

All matters discussed are confidential. However, state law mandates that confidentiality be broken in situations involving potential violence towards yourself or others or in the case of suspected physical or sexual abuse of children or elderly individuals. In addition, although I will not release your records or information without your written consent, please be aware that in certain circumstances that courts can over-rule your right of confidentiality and require me to submit records of your treatment.

Unless otherwise instructed by you, if you were referred to me by another health professional, I will notify the referring provider of your contact with me.

**Appointments:** My services are by appointment only. The length of the appointment time is generally scheduled for 45 to 50 minutes. Because the appointment is reserved for you, you will be charged a fee of \$75.00 if 24 hours notice is not given. Please be aware that charges for missed appointments are not reimbursed by insurance carriers.

**Messages and emergencies:** Often I am unable to accept telephone calls because I am with another client; however, your call is important to me and I will make every effort to get back with you within 24 hours. If your call is urgent, please make a note of that in your message. If a situation arises that warrants you speaking to me in addition to your regular session, time spent on the telephone will be billed at my hourly rate. Please be aware that such contacts are not likely to be covered by your insurance company. If you are calling in an emergency situation and I am not immediately available, please go to the nearest emergency room or contact the police for assistance.

**Payment/billing:** Unless you are a member of an insurance plan for which I am a contracted provider, or you have been referred by a state agency that is paying for your services, all payment for services is due immediately prior to your session. If you have health insurance plans, as a courtesy I will accept assignment of your health benefits and bill your insurance company directly. In this case I will collect only your co-payment. If

you presently have an unpaid insurance deductible, I require that all fees within this deductible be paid at the time of service. Alternately, I will provide you a paid receipt that you can submit for reimbursement to your insurance carrier. If you elect to assign your health benefits rather than paying directly for services, your company may require that I submit diagnostic and clinical information. While such information is very sensitive and generally treated as such by insurance companies, I cannot guarantee how any particular company or employer will respect this information.

Many insurance companies require pre-approval before the initial evaluation or treatment. You should always contact your insurance carrier prior to your first appointment. Ultimately, payment for services are your responsibility. You may use Checks, Cash Master or Visa cards to make payment. PLEASE NOTE; I DO NOT FILE SECONDARY INSURANCE.

**I HAVE READ THE ABOVE AND AGREE TO THESE POLICIES AS A  
CONDITION OF TREATMENT.**

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Patient's Signature

Date

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Parent/Guardian/Legal Representative

Date