



MARCIA HILLARY, PHD
 Psychotherapy, Coaching
 AND HYPNOSIS

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CONSENT FOR TREATMENT and SIGNATURE FORM

I have read Dr. Hillary’s Office Policies and General Information form (which includes her policy regarding social media); credit/debit card authorization form (if applicable); and Notice of Privacy Practices (if applicable).

I authorize and request that Marcia A. Hillary, PhD, provide psychological evaluation and treatment for me and/or my dependent _____. I hereby assign all benefits to which I am entitled, such as EAP or other third-party payors, to Marcia A. Hillary, PhD. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment shall be considered as valid as the original. I understand that payment in full is expected at time of service unless other payment arrangements have been agreed to (e.g., EAP), and that I am responsible for all charges regardless of any insurance coverage. I acknowledge that I am responsible for payment of any legal fees as noted below. I authorize the release of all necessary information to process claims. If I pay for professional services via an approved credit card, I agree that no dispute with Marcia A. Hillary, PhD will be brought to or adjudicated by, the credit card company. I acknowledge that credit card payments are non-refundable by or through the credit card company.

I provide consent to Marcia A. Hillary, PhD. to contact any physician or other medical practitioner who is treating me to inform him/her of my treatment and progress.

Professional fees: I agree to pay

- ___ \$130 per clinical hour (45 - 50 minutes)*
- ___ \$195 per 1.5 hour session (75 - 80 minutes)*
- ___ \$590 to purchase 5 hours of clinical time*, to be used within 3 calendar months of purchase
- ___ other financial arrangement* _____

NOTE: \$300 per hour legal expense fee (any and all expenses regarding legal issues, including but not limited to, deposition preparation, depositions, preparation for court appearance, clearing my day for court appearance, etc.) are the client’s financial responsibility regardless of the financial arrangement above.

*Letter/report writing, excessive telephone calls and administrative work are pro-rated to quarter hour. Third-party payors do not pay for these items, so it is the client’s responsibility to pay for these items.

My signature below indicates my understanding of and agreement with all of the terms and conditions in these documents.

Client: _____

Date: _____

Minor Client: _____

Date: _____

Parent/Guardian of minor: _____

Date: _____

Relationship to minor: _____