

DOMESTIC VIOLENCE INTAKE INFORMATION
FOLLMAN AGENCY, 910 S. ANACORTES STREET, BURLINGTON, WA 98233

Intake Date: _____ Last 4 of SS # _____

Name: _____ DOB: _____
 First Middle Initial Last

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____ Work #: _____

Marital Status: _____ Age: _____ Sex: _____ Ethnic Origin: _____

Employer: _____ Employer's Phone Number: _____

Occupation: _____

Driver's License #: _____ Suspended: Yes or No

Email: _____

Do you have a Primary Care Provider and/or Mental Health Provider: Yes or No

If yes whom _____

Would you like the Follman Agency to communicate with your Primary Care Provider and/or Mental Health Provider? Yes or No (If yes, please fill out a release of information for the provider.)

Emergency Contact: _____

Relation: _____ **Phone #:** _____

How did you learn about us? Friend Family Internet Newspaper Court Attorney

Other: _____

For Office Use Only:

Program: _____ DVAP Group: Tuesdays @ 6:00-7:30 PM Start Date: _____

Court Referral?: _____ Court: _____ Case #: _____

Probation Officer: _____ Attorney: _____

Court Referral?: _____ Court: _____ Case #: _____

Probation Officer: _____ Attorney: _____

FOLLMAN AGENCY

GROUP RULES FOR ANGER ACCOUNTABILITY/DOMESTIC VIOLENCE GROUPS

- ❖ Two absences with a very good excuse or one unexcused absence are grounds for immediate termination from the program. Prior notification is a minimum requirement for an excused absence.
- ❖ All clients should be on time for group.
- ❖ All clients will be courteous and respectful of others in the group.
- ❖ We assume that only one person will be talking at a time and everyone else will be listening.
- ❖ Group sessions will not be used as a time to attack, put down, or intimidate other group members. Disagreements are fine as long as “I” statements are used and you can agree to disagree.
- ❖ While you are a client at this agency you are not to be under the influence of alcohol or other drugs.
- ❖ No weapons or potential weapons, (including jackknives etc.) are allowed on the premises.
- ❖ It is your responsibility to keep your account paid up each month. If you have any question concerning your account please see the receptionist.
- ❖ We assume that you will use group time to learn how to be accountable for your behavior and not blame others.
- ❖ Each participant must have a written contract signed by the participant and the treatment staff which specifies the participant's rights and responsibilities while enrolled in the program.

I, _____, understand and agree to the above stated rules.

Client Signature

Date

Follman Agency Domestic Violence Treatment Contract

This Washington State certified domestic violence intervention treatment program, The Follman Agency incorporates a treatment philosophy that includes:

- The victim cannot be blamed for the participant's abuse.
- The participant must stop all forms of abuse.
- The abuser is to be held accountable for their actions.
- The program's primary concern is for the safety of victims.

I, _____ agree to the following terms while I am in domestic violence intervention treatment:

Initials	I will:
	To abide by the group and compliance rules.
	Stop any violent or threatening behaviors.
	Be non-abusive and non-controlling in my relationships.
	Develop and adhere to an accountability plan.
	Comply with and when requested, bring documentation of compliance with all court orders including but not limited to: spousal support, child support, parenting plans, and orders of protection or no contact, as applicable.
	Cooperate with the rules for group participation which were provided to me in writing.
	Sign all required releases of information.
	Adhere to the policy on attendance which was given to me in writing, including the consequences for inadequate attendance.
	Actively participate in treatment, including sharing personal experiences, values, and attitudes, as well as completing all group activities and assignments.
	Comply with treatment completion criteria including concurrent or ancillary treatment requirements, which include: _____.
	Comply with this program's policy regarding the possession of weapons, which was given to me in writing and includes the requirements of RCW 9.41.
	Honor the confidentiality of all participants.
	Either provide this program with my arrest records, criminal history, civil or family law actions, protection orders, no contact orders, incident or police reports, and any information regarding treatment services previously received, or I will identify the existence of and location of all service records, and authorize release of all such records to this program.
	Adhere to the policy regarding the use of drugs and alcohol, which was given to me in writing and includes the provision that I must attend treatment sessions free of drugs and alcohol.
	Adhere to this program's fee agreement which was given to me in writing and includes fees and methods of payment for treatment.

Follman Agency Domestic Violence Treatment Contract and Rules

Initials	I will:
	To be responsible to abide by the payment plan or make other arrangements with the financial administrator.
	Submit to urinalysis on request. To abstain from alcohol and other psycho-active drugs.
	To get the approval of my probation officer/correction officers if I will be gone more than two weeks.
	To attend a 26-week Domestic Violence Treatment Program with 6 follow-up monthly check-ins.
	To follow substance abuse/chemical dependency treatment throughout the time I am in anger accountability or domestic violence treatment.
	To comply with all court orders.
	Not blame the victim for the participant's abuse.
	No weapons or potential weapons, (including jackknives etc.) are allowed on the the premises.

I have been provided an explanation and understand this program's direct treatment staff are mandated reporters and also have a *duty to warn* and protect victims, law enforcement, and third parties of any risk of serious harm the program determines that I may pose to them.

Participant's Signature: _____ Date: _____

Program Staff's Printed Name: _____ Date: _____

**** Attached Handouts:** Group rules, attendance policy, treatment completion criteria, weapons policy, drug and alcohol policy, counselor disclosure and fee agreement.**

Follman Agency

State Certified: Alcohol/Drug Recovery Programs • Anger/Domestic Violence Programs
Individual • Adolescent Counseling • Family Counseling

CONFIDENTIALITY OF DOMESTIC VIOLENCE TREATMENT PATIENT RECORDS

The confidentiality of domestic violence treatment participant's records maintained by this program is protected by Federal laws and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as a domestic violence treatment participant unless:

Please initial below

_____ The patient consents in writing; OR

_____ The disclosure is allowed by a court order; OR

_____ The disclosure is made to medical personnel in a medical emergency; OR

_____ The disclosure is made to qualified personnel for research, audit, or program evaluation; OR

_____ The patient commits or threatens to commit a crime either at the program or against any person who works for the program; OR

_____ The patient talks about hurting oneself, hurting someone else, child abuse, elderly abuse, or pet abuse.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

See 42 U.S.C. §§ 290dd-3, 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.

Client's Signature

Date

Counselor Signature

DOMESTIC VIOLENCE INTAKE INFORMATION
FOLLMAN AGENCY
910 S. Anacortes St, Burlington, WA 98233

PHOTO

You have my permission to photograph me for the purpose of staff recognition only. I understand that this is confidential and for use within the FOLLMAN AGENCY only.

Client Signature

Date

OPEN DOOR POLICY

The insurance provider for Follman Agency requires each counselor to leave his or her office door slightly open during individual sessions, unless otherwise permitted by the client. Please select one of the following:

- I prefer the door to be closed during individual sessions.
- I prefer the door to remain slightly open during my sessions.

Client Signature

Date

APPOINTMENT REMINDER

Please check which you prefer:

- It is OK to call and leave an appointment reminder on my phone, if you cannot reach me in person.
- Please do **not** call and leave any messages on my phone.

Client Signature

Date

DOMESTIC VIOLENCE INTAKE INFORMATION
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CLIENT RIGHTS

The Follman Agency operates with the intent that the dignity and self-respect of all clients shall be enhanced and that their legal and human rights shall be protected.

All Follman Agency staff members shall maintain the following client rights:

- Each client shall be treated without regard to ethnic or national origin, creed, religion, gender, sexual preferences, or age
- Each client shall be treated without regard to disability.
- Each client shall be protected from invasion of privacy **except** when just cause indicates that a search should be conducted for contraband.
- Clients shall be allowed to review their treatment records in the presence of an Administrator or designee during such times a treatment session is not interrupted.
- Each client shall be fully informed regarding fees to be charge, methods of payment available and, regardless of the source of financial support, be provided adequate and humane services.
- Clients shall be provided reasonable opportunity to practice the religion of their choice, alone and in private, insofar as such religious practices do not infringe on the rights of others, nor interfere with other treatment programs. Each client has the right to be excused from any religious practice.
- Each client shall be allowed communication with significant others in emergency situations.
- No client shall be subjected by the Follman Agency staff to physical abuse, corporal punishment, or other forms of abuse administered against their basic necessities.
- Clients shall have all clinical and personal information treated confidentially in communications with individuals not directly associated with the approved treatment facility.
- Each client may receive a copy of the Client Grievance Procedures upon request.
- A treatment program must provide each participant with the highest quality of service.
- Treatment program staff must establish a climate where all relationships with colleagues and participants are respectful.
- Each participant enrolled in a program must have the assurance that the program staff will conduct themselves professionally, as specified in RCW 18.130.180.
- Staff, board members, and volunteers working for a treatment program must not engage in or tolerate sexual harassment or exploitation of an employee, a program participant, or a victim of any program participant.

A copy of these rights shall be posted in a conspicuous place within the facility.

Client Signature

Date

DOMESTIC VIOLENCE INTAKE INFORMATION
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ATTENDANCE POLICY

Good group attendance is directly related to the most effective treatment for Domestic Violence. Therefore, to provide you with the best possible treatment, the Follman Agency has created the following attendance policy:

- Excused absences are approved only by the group leader and permission must be granted **before** the absence. Exceptions are only granted by the group leader and only in emergency situations.
- All unexcused absences must be made up per the following:
1-2 unexcused absences in a row must be made up within 1 month. If sporadic unexcused absences become a pattern, the group leader will speak with you and create a Consequence Plan for future unexcused absences.
- Additionally, with 2 or more unexcused absences in a row, you will be **non-compliant** on that month's Court Status Report.
- 3-4 unexcused absences in a row is very serious and has serious treatment consequences. Therefore:
 - If you have completed less than 13 sessions, you will have to start over again. This means you lose credit for all group sessions previously attended and you will have to pay for the new groups. If you have a balance due, you must pay at least half of it in order to resume treatment.
 - If you have completed 13 or more sessions with good attendance, you will need to make up **double** the amount of missed sessions. For example, if you miss 4 sessions, then you will need to make up for 8 sessions and pay for the additional make-up sessions. If you have a balance due, you will need to pay at least half of it in order to resume treatment.
 - If you miss 3-4 sessions in a row a second time, you will be dismissed from the program and will need to be re-evaluated to determine whether you should be in our program. You will also have to pay all new assessment and treatment costs.
 - 5 or more missed sessions in a row is grounds for automatic dismissal from the program. You will need to be re-evaluated to determine whether you should be in our program and will have to pay all new assessment and treatment costs.

This policy may seem tough, but most people have no problems with good attendance. The Follman Agency wants to provide the best possible treatment and this attendance policy helps achieve that goal. Please ask your group leader if you have any questions about our attendance policy.

Client Signature: _____ **Date:** _____

Follman Agency Direct Treatment Staff Disclosure Statement

Welcome

Welcome to The Follman Agency, LLC. My name is James Follman and I am designated as a supervisor by DSHS in the domestic violence intervention treatment program at Follman Agency. We look forward to working with you. The State of Washington requires that we provide you with certain information in order to allow you to make an informed decision about participating in our treatment program.

DOH Information

My Washington State Department of Health credential is: Licensed Mental Health Counselor (LMHC) and my credential number is: LH00008388. I have been an LMHC in Washington State since 2003. The purpose of this disclosure is to protect you by letting you know that I am licensed and to make you aware of the complaint process. You can contact the Department of Health to file a complaint by email at hsqacomplaintintake@doh.wa.gov or by phone at 360-236-4700. The DOH website has more information on the process:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/HealthProfessionsComplaintProcess#1>

Education, Training and Experience:

PROFESSIONAL BACKGROUND

EDUCATION

Doctorate Degree in Counseling Psychology, Walden University, Minneapolis, MN

Master of Education, Guidance and Counseling, City University, Bellevue, WA (1993)

Bachelor degrees from Western Washington University (1981) and Eastern Washington University (1989)

Professional Experience

1993 – Present: Follman Agency – Mental Health & Chemical Dependency

1999- Present: Follman Agency- Supervisor of Domestic Violence Perpetrator Treatment Program

THERAPEUTIC APPROACH

Each person's therapy is individually determined according to his or her treatment goals. My clinical orientation emphasizes the importance of using an integrative approach that takes into account the whole person (bio/psycho/social) within the context of their culture and relationships. I utilize cognitive/behavioral strategies for implementing change and clinical hypnosis when appropriate.

The length of therapy varies according to the nature of your concerns. It usually takes a few sessions to clarify the focus of treatment and develop a treatment approach that will best fit with your needs and goals.

Fees and Payment:

I charge \$175 for a domestic violence assessment, \$40 for weekly groups and \$95 for individual sessions. Advanced payments for the domestic violence intervention program can be made monthly for a 10% discount. Refunds are not available for advanced payments. A twenty-four (24) hour notice of cancellation is required or you will be charged \$100 for a no show domestic violence assessment, \$25 for a no show domestic violence group and \$35 for a no show individual session. You may leave a voice mail message after regular business hours within the 24-hour period. It is not our intent to be punitive in any way, which is why we do not charge if a client is ill or if inclement weather prevents you from making it to your appointment. We respect and value our clients and hope that you can appreciate that our time is valuable as well. ***You are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.***

Client Signature _____

Date: _____

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NON-COMPLIANCE

You may be placed in immediate non-compliance for any of the following failures to comply:

1. No contact with the counselor for over two weeks. (Leaving a message may not be sufficient.)
2. Two consecutive unexcused absences or a pattern of absences/late arrivals. (Excused absences are arranged before, not after, the absence.)
3. A positive urinalysis for an illegal drug.
4. An arrest or citation for any gross misdemeanor or felony (includes violations of court orders and DUIs.)
5. Inattentive or disruptive behavior, which in the opinion of the counselor reflects an unwillingness to benefit from the program.
6. Non-compliance with chemical dependency treatment, if also in such treatment.
7. Non-compliance with any condition of your specific treatment plan.
8. Financial suspension that extends beyond three weeks without resolution.

If put in non-compliance you will normally be required to do the following in order to have the possibility to re-enter the program:

1. Immediately pay for all services rendered (payment plan becomes null and void.)
2. Submit to a re-evaluation requiring an individual appointment and \$50.
3. Complete any additional evaluations and start any recommended treatment (chemical dependency or a full psychological evaluation for example.)
4. Start the program over again **from the beginning** if the re-evaluation finds that treatment is indicated.

I, the undersigned, do understand, accept, and promise to abide by the terms of non-compliance of the Domestic Violence Accountability Program at the Follman Agency.

Client Signature

Date

Client Name (Printed)

Counselor Signature

Date

DV INTAKE INFORMATION

FOLLMAN AGENCY, 910 S. ANACORTES STREET, BURLINGTON, WA 98233

ASSUMPTIONS OF DOMESTIC VIOLENCE THERAPY

1. The safety of the victim is the ultimate and primary goal of therapy for violent individuals.
2. Violence is never justified as a way to solve problems or express feelings.
3. Violence is never acceptable as a part of any relationship.
4. Violence is a choice, a decision, a means to an end, a tactic. It is only one choice of many that a person can make in a situation. Therefore, a person can choose to not be violent.
5. No act of violence, even if it is the first time for that type of behavior, is an isolated event. Physical violence is often just the most visible part of a larger pattern of controls or dominance used by a person to meet their needs or expectations, or express their feelings at the expense of others who may not be meaningfully able to resist.
6. The decision to use violence is never the fault of, nor is it caused by the victim. Other related issues, such as alcohol or drug use or stress, are also not the cause of violence.
7. Violence is not necessarily related to or preceded by anger and violence does not necessarily occur when someone is angry. Stopping or controlling anger is not sufficient to stop violence.
8. Violence is supported by beliefs, family structures, and social and political structures that legitimize, rationalize and condone violence.
9. To adequately control violence requires a major change in one's belief system, behaviors, and life style. Since violence is a choice and supported by many aspects of society, a person who is violent will always have to choose to stay non-violent. Change is very possible, but never completed. It is a lifetime of work.

Gambling Supplemental Questions Form

1. In the last twelve months:

Have there been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?
 Yes No

Have you continued to gamble in spite of adverse consequences that have affected your finances, family relationships, work, or other parts of your life?
 Yes No

Have you lied to family members, friends, or others about how much you gamble?
 Yes No

Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?
 Yes No

Have you tried but not succeeded in stopping cutting, down, or controlling your gambling behavior?
 Yes No

2. In the last twelve months:

Have you contemplated or attempted suicide?
 Yes No

Have you contemplated or attempted to do physical harm to another person?
 Yes No

4. In the past 30 days, how many days have you played (enter quantity):

Bingo _____	Gambling and substance use in the same day _____
Bowl, pool, golf or other games of skill _____	Internet gambling _____
Card Games (non Casino) _____	Lottery, numbers, instant tickets (scratch-offs) _____
Casino table games _____	Other forms of gambling _____
Dice games, dominoes _____	Play slots, poker machines, video lottery terminals _____
Horses, dogs _____	Sports _____
Gambling more than you can afford _____	Stock options, commodities _____

5. In the past 30 days:

How much money would you say you spent per week on gambling? \$ _____
 Number of gambling episodes per week _____

**DOMESTIC VIOLENCE
LEVEL ONE – 6 MONTH PROGRAM**

WEEKLY – 6 MONTHS:

INTAKE	\$ 95.00
26 WEEKLY GROUP SESSIONS (52 HOURS) X \$50.00	\$1,300.00
2 INDIVIDUAL SESSIONS (2 HOURS) X \$95.00	\$ 190.00
1 EXIT INTERVIEW (1 HOUR) X \$95.00	\$ 95.00
TOTAL:	\$ 1,680.00

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment	\$270.00 / 5 Months	\$1,680.00

DOMESTIC VIOLENCE - LEVEL ONE – ONE YEAR PROGRAM

(If patient chooses to expand treatment into monthly check-ins, the following payment will be in place)

WEEKLY – 6 MONTHS:

INTAKE	\$ 95.00
26 WEEKLY GROUP SESSIONS (52 HOURS) X \$50.00	\$1,300.00
2 INDIVIDUAL SESSIONS (2 HOURS) X \$95.00	\$ 190.00

MONTHLY – 6 MONTHS

5 MONTHLY CHECK-INS X \$25.00	\$ 125.00
1 EXIT INTERVIEW (1 HOUR) X \$95.00	\$ 95.00

TOTAL: **\$ 1,805.00**

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment	\$145.00 / 10 Months	\$1,805.00

**DOMESTIC VIOLENCE
LEVEL 2 - 9 MONTHS**

WEEKLY – 9 MONTHS:

INTAKE	\$ 95.00
38 WEEKLY GROUP SESSIONS (76 HOURS) X \$50.00	\$1,900.00
3 INDIVIDUAL SESSIONS (3 HOURS) X \$95.00	\$ 285.00
1 EXIT INTERVIEW (1 HOUR) X \$95.00	\$ 95.00
 TOTAL:	 \$2,375.00

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment	\$255.00 / 8 Months	\$2,375.00

DOMESTIC VIOLENCE - LEVEL TWO – ONE YEAR PROGRAM

(If patient chooses to expand treatment into monthly check-ins, the following payment will be in place)

WEEKLY – 9 MONTHS:

INTAKE	\$ 95.00
38 WEEKLY GROUP SESSIONS (76 HOURS) X \$50.00	\$1,900.00
3 INDIVIDUAL SESSIONS (3 HOURS) X \$95.00	\$ 285.00

MONTHLY – 3 MONTHS

2 MONTHLY CHECK-INS X \$25.00	\$ 50.00
1 EXIT INTERVIEW (1 HOUR) X \$95.00	\$ 95.00

TOTAL: \$ 2,425.00

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment	\$190.00 / 11 Months	\$2,425.00

**DOMESTIC VIOLENCE
LEVEL 3 - 12 MONTHS**

WEEKLY – 12 MONTHS:

INTAKE	\$ 95.00
52 WEEKLY GROUP SESSIONS (104 HOURS) X \$50.00	\$2,600.00
4 INDIVIDUAL SESSIONS (4 HOURS) X \$95.00	\$ 380.00
1 EXIT INTERVIEW (1 HOUR) X \$95.00	\$ 95.00
TOTAL:	\$3,170.00

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment	\$260.00 / 11 Months	\$3,170.00

The Follman Agency Financial Policy

Thank you for choosing the Follman Agency as your treatment provider. We are committed to your treatment being successful. Please understand your bill is considered a part of compliance with your recommended treatment program.

All patients must complete our information and insurance form before attending group.

Payments are due on/before the 20th of each month. If payment is not received by the 20th, your treatment will be suspended and we request you to not attend group/session until payment is received. Your account will be charged a \$10.00 fee for the Suspension Letter. Drug Screen charges will be due at time of service. We accept MasterCard, Visa, Discover and American Express. Accounts more than 90 days past due will be forwarded to SB&C for collections and your account will be charged \$20.00 for the collection letter.

Regarding Insurance

The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and a copy of a recent insurance card. Your insurance is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-covered services.

Regarding Insurance Plans where we are a participating provider. All deductibles are due prior to treatment. All copays are to be paid according to your payment plan. In the event your insurance coverage changes to a plan where we are not participating providers, refer to the above paragraph.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients and Minor Patients.

Adult patients are responsible for full payment at time of service. **Minor Patients:** The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card or payment by cash or check at the time of service has been verified.

Missed Appointments/No Show

Unless canceled at least 24 hours in advance, our policy is to charge \$40.00 for missed appointments. Please help us serve you better by keeping your scheduled appointments. Follman Agency reserves the right to not treat a patient after the patient has missed three scheduled appointments. For new patients who miss their evaluation or intake appointment without 24-hour cancelation notice will be required to prepay the missed appointment fee before scheduling any future appointment.

Interest

We reserve the right to charge interest in the amount of 5% as provided by state law.

Non-Compliance

In the event you leave treatment without paying and wish to re-start, you are subject to a \$50.00 re-start fee. Please note that failure to pay will result in non-compliance of your treatment program.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____ Date _____
Signature of Patient (Please Print Patient's Name Clearly Below This Line)

X _____ Date _____
Signature of Parent/Guardian

FOLLMAN AGENCY FINANCIAL AGREEMENT

DATE: _____ NAME: _____ DOB: _____

I hereby agree to immediately advise the FOLLMAN AGENCY of any changes in:

1. Change of address/phone number
2. Insurance Coverage
3. Employment Status

I hereby agree to pay all fees for services currently or previously rendered by the Follman Agency. I understand the full monthly payment must be made on my account by the 20th of every month or my account will be subject to a \$10.00 late payment fee. Also, I am aware that I will be suspended from treatment immediately if payment is not made. I will contact the Follman Agency to reestablish a payment schedule or services may be discontinued until payments are current. In the event of default of payment, I will be held liable for the unpaid balance, including any attorney or collection fees permitted by law. I understand accounts 90 days past due will be sent to collections (SB&C, LLC).

I understand my records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided within the Regulations. I also understand I may revoke this consent at any time except to the extent action has been taken in reliance on my account (i.e., probations, courts, etc.) and in any event this consent will expire when my account is paid in full.

RELEASE OF INFORMATION: I authorize the Follman Agency and/or the Insurance Company to release any information required to process claims.

RELEASE OF BENEFITS: I hereby authorize my Insurance Benefits to be paid directly to the Follman Agency.

TREATMENT PROGRAM: _____

PROGRAM CHARGES:

Down Payment	Monthly Payment	Program Cost
\$350.00 Down Payment		

I agree to pay the Follman Agency in monthly installments of \$ _____ per month until the fee of \$ _____ is paid in full. I agree to make a down payment of \$ _____, which shall be applied to the end of my payment schedule.

Patient Signature Above Line (Please Print Clearly Below)