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Rashmi O'Hara, LLC
Greta Kramer, LLC
Denise Oehrlein, LLC

CONSENT FORM

This form references the clinical relationship between:

_____ AND
Client

- Rashmi O'Hara, MS, LMFT
- Greta Kramer, MS, LMFT
- Denise Oehrlein, MS, LMFT

For Minor Children Only:

I give consent for my minor child to receive therapeutic services in my presence or in my absence. _____Initial

Release/Exchange/Assignment of Benefits

I consent to the release of information from the therapist to my insurance company, EAP, managed care group and/or the policyholder to facilitate payment and continued coverage under the mental health benefit of my policy. I also consent to have the therapist and/or therapist's billing service submit claims and accept payments on my behalf to/from my insurance company, EAP, managed care, or other third-party payer and receive payment according to the guidelines of my policy. _____Initial

Client's Rights and Therapeutic Issues

I have received AND reviewed the Client Rights and Therapeutic Issues Form and I am aware that the HIPAA Notice of Privacy Practices is available upon request. _____Initial

Billing Policy

I have received and reviewed the billing policy for Milestone Counseling, Inc. I understand that my signature indicates that I am ultimately responsible for payment of all services rendered regardless of who the named policyholder is. I also understand that if my account becomes past due, a collection agency will be contacted. _____Initial

Please indicate your preference for billing statements:

- Paper statements
- Electronic billing statements to be delivered to your email. If you choose this option it is your responsibility to watch for and take care of your electronic statement by paying online, making a payment by phone, or in the office.

Consent for Consultation

The therapists at Milestone Counseling, Inc. meet regularly for clinical consultation. I am aware of this and give my consent for confidential clinical review of my case. _____Initial

Consent for Electronic Communication

I give consent, as needed, for communication by email regarding scheduling, updating insurance information, and billing. _____Initial

Appointment Reminders

Please check which method you prefer for reminder calls.

- **Telephone- Phone number: _____ - Text Message- Phone number: _____
- No appointment reminders desired

**Consent to telephone reminders means you agree to a message being left with whoever may answer.

Signature of Client or Parent/Guardian

Date

Print Name of Client or Parent/Guardian

Relationship to Client