

Brittany Smith, LCSW  
1100 N. University, Suite 133  
Little Rock, AR 72207

## SERVICE AGREEMENT

Please initial each section and sign at the bottom of the document.

### Consent to Treatment

\_\_\_\_\_ I hereby consent to participate in the assessment and treatment procedures as provided by Brittany Smith, LCSW.

### Financial Responsibility

\_\_\_\_\_ I acknowledge full financial responsibility for services rendered by Brittany Smith, LCSW. I understand that the payment of charges incurred is due at the time of service. I also understand that it is my responsibility to contact the insurance company to determine my benefits and if required, obtain precertification from my primary care physician.

### Cancellations and Missed Appointments Policy

\_\_\_\_\_ I agree to give 24-hour notice when cancelling or rescheduling appointments. I understand I will be assessed a fee for appointments cancelled without 24- hour notice or missed appointments. This cannot be billed to insurance.

### Confidentiality Statement

\_\_\_\_\_ I am aware that client privacy is protected by the Health Insurance Portability and Accountability Act and Arkansas State Law. These laws specifically forbid me from disclosure of any information gained as a result of my interaction with this facility and/or staff. This confidentiality covers anyone I may see or any information I may learn about any client during my association with this clinic. Furthermore, I am aware that my personal information will only be released to outside parties with my written request or permission except in the following circumstances:

1. Danger to myself/others
2. Abuse or neglect of a minor child or an elderly person
3. Court-ordered information

### Statement of Understanding

I certify that I have read and fully understand the above statements. I hereby agree that I have been fully informed about this material in language I can understand, and I have had the opportunity to discuss my concerns or any questions I may have.

\_\_\_\_\_  
Client Signature/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date