



Client: _____

Fees and Refund Policy: I agree that I am financially responsible for all charges related to and for the services provided. Fees must be rendered at the time of service. All fees paid for services are non-refundable.

Payment shall be made to **Eagle Valley Senior Life (EVSL)** in the amount of \$ 150.00. This is a onetime consultation fee, which includes up to four hours. If the client/representative is found to need additional time, the hourly rate is \$50.00/hr. All fees are private pay, and **EVSL** does not bill third party. Any and all services are not reimbursable by Medicare/Medicaid.

Cancellations: Your time and mine are very valuable. Failure to provide a 24-hour advance notice may result in a \$25.00 charge for the missed appointment.

Privacy: I understand that all information shared with Andrea K. Grohmann, MSW and EVSL, is confidential and no information will be released without my consent. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to me or to another person; the case manager is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the case manager is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

If I have any questions regarding this consent form or about the services offered with EVSL, I may discuss them with the EVSL Director at 970-977-0188.

I have read and understand the above. I consent to participate in the services offered by EVSL. I understand that I may stop services at any time.

I have read the above statement and am in agreement.

Client/Representative Print & Sign: _____

Date: _____

Andrea K. Grohmann ,MSW Sign & Date: _____

Andrea K. Grohmann ,MSW, 970.471.9312;
andreakuliano@gmail.com