

Edelweiss Therapy, PLLC Open Path Consent Form

** indicates a required field*

Consent Form for Edelweiss Therapy, PLLC clients who are Open Path Collective Members. This consent form is between Edelweiss Therapy, PLLC and the client. Open Path Collective takes no part in client care and has no access to client records.

*** You understand that Open Path is for clients who do not have health insurance, whose health insurance does not cover mental health (or who cannot afford their high deductible), or whose co-pay is more than \$ 70 a session and who due to their financial situation cannot afford to pay more than \$70 per session. If you have insurance you have confirmed that they do not cover mental health or that your deductible is high or that your copay more than \$70 per session AND you cannot afford to pay that amount.** _____

I consent to sharing information provided here.

*** You agree to obtain an Open Path Membership and will provide email documentation of your Open Path Member ID prior to the first session. If you are new to Open Path, complete the following if you have not already: <http://openpathcollective.org/client/registration/>. Be sure to pay the onetime \$65 membership fee in addition to submitting your registration form. Provide your Open Path Member ID number in the text box below.**

*** We have made an agreement to an adjusted Open Path Membership rate as indicated in the text box below (Please fill in the fee amount PER SESSION as discussed with your therapist. If you have not discussed this with your therapist please do so prior to completing this form.)**

*** My Open Path Fee arrangement will be revisited on the date indicated below to determine if financial assistance is still needed and/or if the therapist is still able to continue this arrangement. (Please select the date discussed with your therapist. If you have not discussed this with your therapist please do so prior to completing this form.)**

*** Unless other arrangements have been made in advance, if you miss or do not schedule appointments for three consecutive weeks without any communication, for legal and ethical reasons, I must consider the professional relationship discontinued. I may then offer the Open Path spot to another individual in need. If you wish to resume services, I may or may not have a spot available at the previously established rate, so we would be creating a new arrangement.** _____

I consent to sharing information provided here.

*** Cancellations are required 24 hours in advance. Any appointments scheduled but not kept, as well as any appointments cancelled within 24 hours of scheduled time will be charged \$60. We ask that you give at least 24 hours' notice if you need to cancel or reschedule your appointment due to your (or your child's) illness. If you have a contagious illness (or if your child has a contagious illness and you are not able to find child care), we ask that you do not come to your appointment. Video conferencing through Simple Practice's HIPAA-compliant platform is available for clients who prefer telehealth appointments, as well as if you are not able to come to the office due to illness.** _____

I consent to sharing information provided here.

*** You understand that you should let your therapist know if your financial situation changes or if you obtain insurance so that we can determine if a new financial agreement is needed. Additionally, you are aware that your therapist has limited spots available for Open Path clients and by moving out of an Open Path spot when it is no longer needed you are making it available to someone else.** _____

I consent to sharing information provided here.

*** If you are an existing client you understand that all other paperwork completed via simple practice or headway including all forms related to practice policies, privacy policies and HIPAA compliance is still enforced. If you are a new client you understand that you must sign all paperwork through Headway and Simple Practice and that all policies apply to you except anything specified as it relates to finances that is different than this form. Payment will still be handled via Headway using the Stripe Platform.** _____

I consent to sharing information provided here.

*** By signing this agreement, you are confirming that the above information is complete and correct. You agree to update any information regarding the above account. Additionally, your signature indicates that you understand the information contained in this form.** _____

I consent to sharing information provided here.