

**Jodie L. Martin, M.Ed., LPC**  
**6501 Harvard**  
**Lubbock, TX 79416**  
**806.319.1882**

**Assignment of Benefits**

I (client) hereby assign all mental health benefits to which I might be entitled, including Medicare, Medicaid, private insurance, liability, workers' compensation, and all other health plans to Jodie L. Martin, MEd, LPC for services provided but not yet paid in full.

**Release of Information**

I hereby authorize Jodie L. Martin, MEd, LPC to disclose all or part of my medical records and/or mental health records, or other such information related to my treatment to any organization needing such information to determine benefits or to process benefits payable for services provided.

**Payment Policy**

I understand that all medical and mental health charges incurred by my dependents or me for services rendered are my financial responsibility and that all fees necessary to collect this amount are payable by me. Clients who have insurance coverage with a health plan are responsible for payment of any deductible, co-payments, and non-covered services. Insurance claims will be filed for the client unless otherwise specified. Unless prior arrangements have been made, clients covered by other health plans or without insurance are responsible for payment in full at the time of the service.

**Informed Consent to Treatment**

I am agreeing to and engaging in counseling services to address issues that brought me to consult with Jodie L. Martin, LPC. The procedures involved will be individual counseling and possibly referral for psychological testing. The goals of therapy will be formally outlined after an initial interview. I understand that the psychological services are intended to ultimately relieve suffering and increase my ability to function. There may be some emotional pain involved in this process and some present relationships may be strained as a result.

The duration of services will be approximated after the initial consultation in a treatment plan and may be revised as therapy evolves and continues. If I request a referral to another therapist, this will be done. Jodie L. Martin, LPC is required by law to report child/elder abuse and instances where she believes I may be a threat to others or myself.

I am aware that counseling is based on my presence here and talking honestly with my counselor. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

If it is necessary to cancel an appointment, I will contact Jodie L. Martin, LPC 24 hours in advance. I understand that I may be charged for the session if that 24 hour notice is not made. I have the right to access my mental health records unless it is determined that having these records would be detrimental to me. Jodie L. Martin, LPC is required by law to explain the records, including psychological testing results, in a manner I can understand.

Many insurance carriers require communication and consultation between therapist and primary care physician or psychiatrist. Attached with this new client paperwork is a release of information agreement. If the form is not signed with the doctor's information included, then you (client) have declined for Jodie L. Martin, LPC to communicate with your doctor at this time.

My signature below applies to all of the above statements and is valid indefinitely or until revoked by me in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_