



THE UNIVERSITY of
MISSISSIPPI

Counselor Education Clinic for Outreach and Personal
Enrichment

Child/Adolescent Insurance and Consent Form

Play therapy is a method used for counseling children 2-12 years old. General counseling is used for children 13-18 years old. Play Therapy allows a child to express problems in a developmentally appropriate manner, and research supports the effectiveness of play therapy with children experiencing a wide variety of problems. The play therapy/counseling sessions are approximately 45 minutes and are dedicated to the child. Your child's therapist may be a licensed professional counselor or a graduate student counselor, who is supervised by a licensed professional counselor.

Counseling involves sharing sensitive, personal, and private information that may be distressing at times. During the course of counseling, there may be periods of increased anxiety or confusion. The therapist is available for support through the entire counseling process. The outcome of counseling is generally positive; however, the level of satisfaction for any individual is not predictable.

All matters conducted at the Counselor Education Clinic for Outreach and Personal Enrichment (COPE) are confidential and governed by the laws of HIPAA and the state of Mississippi. There are exceptions to confidentiality. If there is evidence of imminent danger or harm to yourself, your child, and/or others, a counselor is legally required to report this information to the appropriate authorities to insure the safety of everyone involved. Any case of suspected child abuse will be immediately reported to the department of human services, (DHS). We also must comply with any subpoenas received by a court of law. We may also release your child's protected health information in order to receive payment from insurance companies. Any disclosures other than the ones mentioned in this form will require a consent form signed by the parent or legal guardian.

The sessions will begin with an initial interview. The purpose of this interview is to determine what issues your child is facing and to aid in appointing a therapist. The fee for this initial interview is _____. Play therapy/counseling sessions will be billed at _____ per session. Each 30-minute parent consultation will be billed at _____. It may be necessary to schedule frequent consultations if your child is experiencing a lot of problems. Please schedule these consultations at a time other than the child's appointment.

Insurance forms will be filed at COPE. You will be responsible for any amount not covered by insurance. Your child's protected health information will be released to the insurance company in order to process your claim. All benefits will be paid to COPE.

Notes

i.e. – secondary insurance, co-pays, deductibles etc.

Parent/Guardian Information

Insured's Name: _____

Sex: M / F Marital Status: Single Married Other

Address: _____

City/State/Zip: _____

Phone: _____

SSN: _____

DOB: _____

Insurance Company: _____

Policy/ID#: _____

Employer: _____

Child/Adolescent Information

Child's Name: _____

Sex: M / F

Address: _____

City/State/Zip: _____

Phone: _____

SSN: _____

DOB: _____

Insurance Company: _____

Policy/ID#: _____

DX _____

By signing below you certify that the information given by you in this form is true and correct. You also agree to the terms and conditions contained within this document and that you have been given a copy.

Parent/Guardian Signature

Date

COPE

COUNSELOR EDUCATION CLINIC FOR OUTREACH AND PERSONAL ENRICHMENT

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