

ACKNOWLEDGEMENT OF COURT AND DOCUMENTATION POLICY

** indicates a required field*

Wellness & Courage Court Attendance Policy

WELLNESS AND COURAGE, LLC

FAYETTEVILLE- 112 W Center Street, Suite 201 72701

FARMINGTON- 18 E Main Street 72730

BENTONVILLE- 1116 S Walton Blvd, Suite 201 72712

* I understand that my therapist is professionally limited in the information that can be shared in court, due to the limits of confidentiality. My therapist can only share in court what is documented in notes, and that my session notes can be shared with the court for no fee (if submitted electronically), in lieu of my therapist attending court. _____

I consent to sharing information provided here.

* I understand that, due to the limitations listed previously and the fees for court appearance/court preparation, it is not in my best interest for my therapist to attend court on my behalf. However, if I do still choose to request court appearance, I understand that the fees will be applied. _____

I consent to sharing information provided here.

Court Fees

* I understand that I can request an electronic copy of my chart for no fee. However, there is a \$50 documentation request fee for any printed documents, to be paid by client with the card on file. I also understand that any form of documentation will not be released without a signed release of information, and that printed documentation will be distributed after the documentation request fee has been paid. _____

I consent to sharing information provided here.

*** I understand that there is a fee of \$150.00 per hour for court preparation (including-but not limited to-collecting and reviewing required documentation, phone calls or meetings requested and/or required by court, client, or lawyer regarding the court hearing, etc.). _____**
I consent to sharing information provided here.

*** I understand that the fee for any Wellness & Courage provider (my therapist), staff, and/or owners to attend court hearings is \$1,500.00 PER DAY. I also understand that this fee is collected, regardless of how many hours the provider, staff, and/or owner spends in court, as the provider cannot schedule clients and/or work on a day that (s)he is expected in court. Lastly, I understand that all fees will be collected from the card on file prior to the court hearing. _____**
I consent to sharing information provided here.

*** I understand that the court appearance fee not be refunded if court is cancelled, unless Wellness & Courage and my therapist is given a minimum of a 72 hour notice, as my therapist has reserved this court hearing date for me and cannot schedule clients on a day expected in court. _____**
I consent to sharing information provided here.