



393 E. Riverside Dr. Suite 3A
St. George, UT 84790
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Informed Consent to Assume Responsibility for Payment of *LifeSTAR* Group Counseling Services

I, _____, agree to pay for *LifeSTAR* group counseling services for _____ according to the fee agreement between *LifeSTAR* of St. George, UT and client.

I understand the following terms apply to this agreement:

- Payment will be made as follows: (check one)
 _____ within two weeks of receiving an invoice
 _____ other (specify): _____
- The fees for *LifeSTAR* group counseling services are:
Phase 1 “Getting Started Workshop”: \$360 per person for the 6-week workshop
Phase 2 “Recovery Group”: \$45 per person per weekly 90 min. group
Phase 3 “Advanced Group”: \$45 per person per weekly 90 min. group
- The client is approved to attend (Please check) **Phase 1** _____ **Phase 2** _____ **Phase 3** _____
- (If applicable) The third party payer will pay _____ per group and the client will pay _____ per group.
- If *LifeSTAR* counselor is asked to speak with third-party payer, please sign an authorization to disclose protected health information.
- When the current *LifeSTAR* phase has been completed, the *LifeSTAR* director will not enroll client in the next phase until third-party payer completes a new consent authorizing further treatment.
- Please inform the program director ahead of time, or as soon as you know, if there are changes in your ability or willingness to pay.
- Services will be terminated if timely payment is not made as agreed to by this consent.
- Consent to assume financial responsibility for these services does not entitle the third-party payer access to confidential information unless agreed in writing by the above named client.
- This agreement supplements previous informed consents.

Signature of Client Date

Signature of Payer Date

Payer Mailing Address for Statements: _____
