**Opt-Out Insurance Agreement**

Please check each option below to acknowledge and agree to these terms.

I have selected to not use my insurance for my counseling sessions.

I agree

I have made my therapist aware that I have opted to not use my insurance for counseling sessions even if my therapist is in network or out of network.

I agree

I understand that if I opt out of using my insurance, I cannot use the payment of sessions towards my deductible because I have elected to opt out of using my insurance.

I agree

I understand that if I choose to later use my insurance my therapist is not liable and is not obligated to reimburse previous sessions where I have chosen to opt out of billing my insurance. My opt in to use insurance will start the day I notify my therapist of the change and cannot be backdated to previous sessions.

I agree

Client Signature:  Date:

By signing below, I (we) have read, understood, and agreed to the Opt-Out Insurance Agreement:

Client Name (Signature) Date

Clinician Name (Signature) Date