



Sharon M Gaffney

Counseling

**Insurance Opt Out Form**

- \_\_\_\_\_ I have selected to not use my insurance for my counseling sessions.
- \_\_\_\_\_ I understand that opting out of using my insurance means I must pay out of pocket for the counseling sessions.
- \_\_\_\_\_ I have made my therapist aware that I have opted to not use my insurance for counseling sessions even if she/he is in network or out of network.
- \_\_\_\_\_ I have agreed to let my therapist know if anything changes and I either obtain alternative insurance and or decide that I would like my sessions billed to my insurance.
- \_\_\_\_\_ 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 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 from the day I notify my therapist of the change and cannot be backdated to previous sessions.

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Client Name (Printed)

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Client Signature (ages 14 and up)

Date

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Parent/Guardian Signature (if a minor under age 18)

Date

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Therapist Signature

Date