



## OFFICE POLICY STATEMENT

**Please read this office policy statement.** Feel free to ask your counselor any questions concerning these policies. You may request a copy for your records.

**What to expect from counseling/therapy:** Counseling is an individually tailored process which is designed to assist you in dealing with your concerns, coming to a greater understanding of yourself, and using effective means of coping which utilizes personal and interpersonal resources. The counseling/therapy relationship usually involves sharing personal information with your clinician which may at times be sensitive, very private, and even distressing. Therefore it is not uncommon during the course of services to feel somewhat more anxious or upset for a time. If you should feel this way, it is important to share this information with your clinician. While the outcome of counseling is most often positive, the degree to which any particular individual will reach their goals or achieve the desired level of satisfaction is not predictable. We work with you to develop an individualized treatment plan outlining your goals and the tasks to achieve those goals. Your participation in this process is vital to achieving these goals. However, all clients have the right to refuse services or any portion of treatment at any time. We will assist you to find another more suitable provider in the community if necessary.

**Confidentiality:** All information revealed in counseling is confidential with the following exceptions: When a person reveals intent to hurt himself/herself or others and all incidents of neglect, physical and sexual abuse or children and adults. We are required by law to report these causes to the proper authorities. Also, we must submit record if they are subpoenaed through the courts.

We may discuss relevant information with our clinical supervisors, Psychiatrist, Physician or consulting group about your case during supervision. However, be assured that information regarding your care will not be discussed outside those contacts without a HIPAA approved written release of information.

**Office Behaviors:** Anyone coming in for an appointment that is intoxicated, physically violent or verbally abusive will not be seen. You will however, be billed for your appointment. **Children must, at all times, be supervised by an adult in the waiting room.**

**Payment Expectations:** You are responsible for timely payment of all services rendered. Payment or co-payment is expected at the time of each visit. A listing of services and fees per clinical hour is provided below. You may be charged for extra time spent on your behalf. This includes appointments that exceed the outpatient psychotherapy session of 20-30 minutes, 45-60 minutes, or 75-90 minutes; printed materials; reports; letters; consultations; travel time for out-of-office services; and telephone calls. A \$20.00 charge will be added to your account for any check that does not clear your bank due to insufficient funds.

**Therapy Charges:** \$170 per Initial Visit – Intake  
\$100 per outpatient psychotherapy (50 min), report writing and/or travel  
\$1500 for court testimony/expert witness consultation



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**All accounts with a balance after 30 days will accrue interest at the rate of 12.5% per annum.** If you are unable to pay for services at the time of each visit, you must sign a written agreement for payment arrangements with the billing office. In the event that you go 30 days without making your prearranged payment, your account may be turned over to our attorney or collection agency for collection proceedings and you will also be responsible to pay the additional collection fees.

**Missed Appointments: A 24-hour advance notice** of any canceled appointment is required. You will be charged for missed appointments.

**Medicaid Clients Only:** Due to the requirements of Medicaid we cannot bill for missed appointments however, your treatment plan is very important to us and attendance is critical to your success. If you miss an appointment without calling in advance we will give you a courteous call to see if you need to reschedule. If we are not able to reach you and you have missed more than two consecutive sessions without contacting us or us contacting you then you will receive notification in writing asking if you would like to continue treatment at our location. During this time your clinician may choose to have a welfare check done on you if they feel you may be endangered. If you do not respond within 1 week of receiving our letter indicating you would like to continue your sessions then you will be discharged.

**Testing:** The counselor may request that you participate in a psychological or behavioral test to help determine your treatment plan. Please be aware that all testing of any kind is an additional charge that may or may not be covered by your insurance.

**Professional Records:** We are required to keep appropriate records. We use Electronic Health Records and paper charts. Because these records may be misinterpreted by a non-clinician, it is our general policy to allow a client desiring to review them only in the presence of their clinician after the matter has been fully discussed and where both agree that such a review would not interfere with services. If we decide that reviewing the record would be emotionally damaging, we would forward a summary to a client's designee.

**Legal Proceedings:** It is not the general role of a clinician to be involved in court proceedings unless there is agreement at the onset of a professional contract for services. There is a fee A New Beginning Wellness Center charges for clinicians to testify in court. These charges are not covered by insurance. It will be your responsibility to pay the fee and the amount will be discussed at the onset of our contract. This fee is \$1500.00 to leave this office and appear in court.

In most judicial proceedings, clients have the right to prevent us from providing any information about them. However, in child custody proceedings, adoption proceedings, and proceedings in which the clients' emotional condition is an important element, a judge may require a clinician's testimony if he/she determines that resolution of the issues before him/her requires it. Testimony may also be ordered in 1) a legal proceeding relating to psychiatric hospitalization; 2) in malpractice and disciplinary proceedings brought against clinician/agency; 3) court-ordered psychological evaluations; and 4) certain legal cases where a client has died.



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Signing this document below is an indication that we have had the opportunity to discuss questions or any confusion you might have regarding confidentiality and that you understand the above statements. I have read this statement about confidentiality and I have been given the opportunity to discuss it with my clinician. I understand that I may discuss any concerns or questions regarding confidentiality at an time during our work together.

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Signature

Date