



Community Counseling Center

## **Informed Consent and Fee and Payment Agreement**

Please read this information in order to better understand what to expect and to know what limitations apply to counseling in general.

Everything done in counseling – our conversations, your records, and any information that you give us— is protected by legal privilege. This means the law protects you from having information about you given to anyone. Our office respects your privacy, and we intend to honor your privilege. However, there are some exceptions to your privacy that would be helpful for you to understand.

- If it is believed there is a risk you might harm yourself or someone else, we are required to contact the authorities or a caregiver. If there is abuse to children, the elderly, or a person with a disability, we must notify the authorities, so they can protect others from harm.
- If you become involved in any lawsuit in which your mental health is an issue, the court or the attorneys may insist upon, and may obtain your information from us.
- You would lose the protection of your privilege if you file a complaint against us with the state licensing board.
- By your signature below you authorize our office to designate an appropriate custodian to assume responsibility for your record in the event of your counselor's death or disability.
- If you are using insurance or another third party payer, our office must share certain information with them, including (but not limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. Insurance and managed care information is often stored in national computer databases. By your signature below, you authorize our office to provide information to your insurance and managed care companies to the extent necessary for them to pay for your services. If there is a dispute over billing, our office may only provide the information necessary to clarify and to collect any outstanding balance.

### *Side effects and other potential obstacles of counseling*

- Counseling is not always easy. You may find yourself having to discuss very personal information that can leave you experiencing embarrassment and some anxiety after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family members. It is a possibility that you might become somewhat depressed. Counseling is intended to alleviate those problems, but sometimes at first, as you get to the root of things, you may start to experience them even more

Initials\_\_\_\_\_

acutely than you have in the past. Questions may be asked and behaviors requested that at first may make you feel uncomfortable or awkward. Sometimes counseling requires trying new ways of doing things. However, you will always be free to move at your own pace.

- We will work with you to make changes you request, but we cannot promise anything about the results you will obtain. Your outcome will depend on many things.
- If your problem requires knowledge that your counselor does not have, the counselor may refer to another counselor here or someone outside of this agency. This will be discussed with you before it happens. At the very beginning of the session, a treatment plan will be developed for your specific needs. The counselor will assess what you would like to change, what we will do to change it, how we will evaluate your success, and how long it may take. Every now and again, we will review that plan to see if it needs to be modified.

#### *Our office policies*

- We schedule appointments to begin at the top of each hour. Counseling sessions usually last 45-50 minutes. Payment is due at the time of your appointment. We can accept cash, checks or credit cards for your payment.
- Our office may charge a \$25 fee if you cannot make your appointment and you do not cancel the appointment twenty-four hours in advance. Your insurance will not pay for missed sessions; you must pay for that yourself.
- Our office charges a \$30 fee for any check returned for any reason.
- Messages are checked regularly, and whenever possible returned the same day. If we have not returned your call within twenty-four hours, please try again as your message may have been lost. We do not check messages after 6:30 p.m. If you have an emergency after that time, call 911, or go to an emergency room and ask them to contact us.
- If your counselor is out of the office for several days, the messages you leave may be answered by another counselor. Your case will probably not have been discussed with your counselor, but he or she will make every effort to be helpful to you in our absence.

#### *Services*

- You and your counselor will meet as often as is appropriate with your treatment plan. The scheduled time is your time to use to your best advantage. At your discretion and with the agreement of your counselor, the counselor will meet with you alone, or with you and your spouse or other party, together.
- This agreement for services will remain effective until ended by agreement between you and your counselor. If you miss a scheduled visit, and you do not call our office within seven days to reschedule, your counselor will accept that as your notice that you have terminated this agreement and that you wish to discontinue counseling with our office. By your signature below you agree that in the event of your counselor's death or disability, the office may designate a proper custodian to be responsible for the care and disposition of your records.

#### *Payment for your counseling*

Initials \_\_\_\_\_

- We offer a sliding fee scale for our uninsured clients. This fee is a minimum of \$20.00 and a maximum of \$75.00. That fee will be charged each visit. Whether you are seen alone, or with other family members, your fee will be the same for each session. Be aware that if others are present, that may affect your rights to privacy.
- CCC accepts many insurance assignment and files insurance claims to receive payment. Our office will file claims according to the contract terms with your insurance. By your signature below, you authorize our office to provide your insurance and managed care providers with any information necessary to file and to process your claim for payment and approval.
- Your co-pay is due at the time of your visit. If there is a problem collecting payment from your insurance or managed care company for the balance, you remain responsible for payment of the full fee for each visit. If we have not received payment from your insurance or other third party payer within six weeks of any counseling session, we will bill you directly for past and for ongoing visits at the customary fee noted above. If your carrier does not pay, you will be responsible for payment of your fees, and if you fail to pay or you are unable to pay we may refer you to another provider.

*Other fees*

- Other charges may apply: if you, or someone else needs a copy of your file or of other records for legal necessity, our office charges a reasonable fee for copying, plus postage.
- If our office is required to provide a verbal report, for example by telephone to your physician, a ten minute consultation will not be charged.
- If our office must produce a written report, a fee will be billed for the time spent reviewing your file and drafting and publishing the report.

Initials\_\_\_\_\_



Community Counseling Center

### Signature Page

Have you read this consent form, or has it been read to you? Y \_\_\_\_ N \_\_\_\_

Have all of your questions about the form been answered? Y \_\_\_\_ N \_\_\_\_

**Counselor Signature:** \_\_\_\_\_

\_\_\_\_\_  
(First) (Last) (Middle)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Insurance Provider's Name) (Sliding Scale fee – Yearly Income)

\_\_\_\_\_  
# of people in home

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Initials \_\_\_\_