

Client's Name: _____

CLIENT AGREEMENT WITH POLICIES AND PROCEDURES WELCOME TO EBENEZER COUNSELING SERVICES

The following information is provided to assist you in understanding policies and procedures at ECS. We strive to provide you care of the highest quality. Please do not hesitate to ask questions of your therapist or our administrative staff at any time about these matters. Please also read the Notification of Client Rights document provided for you as well.

Therapists:

All Ebenezer therapists are trained professionally at the Master's or Doctoral level. Therapists are trained as psychologists, professional counselors, marriage & family therapists, or social workers. All ECS therapists work from a Christian perspective. A list of therapists and their professional identities are posted in the waiting rooms of both of our offices. Some therapists are working toward their licensure and are indicated on the posted lists as "Counselor in Supervision." We often also have an intern who is a counselor in training working toward a Master's or Doctoral Degree and is under supervision at ECS.

Appointments:

Since clients are seen by appointment only (*unless an emergency situation dictates otherwise*), the appointment time given is reserved for you. Please give at least twenty-four (24) hours notice if you must cancel your reserved time. Therapists depend on their appointments being filled for their income. If an appointment is missed, the therapist does not get paid. Therefore, **you will be charged your usual fee for appointments not canceled twenty-four hours in advance.** Please understand that insurance companies, churches, and employee assistance programs as third party payers cannot be charged for late cancellations or missed appointments, and you are fully responsible for any resulting charges. In the event of your having an illness or emergency that prevents you from giving us notice, call us as soon as you can; and you will not be charged for that missed session. ECS has time-stamped voicemail so you can leave cancellations after hours and on weekends.

Emergencies and Telephone Calls:

Should you need to talk to your therapist between appointments, you may leave him or her a voicemail. Therapists vary in how frequently they check voicemail. If your call is an emergency during normal office hours, you should declare your call to be an emergency, and your call will be returned by our therapist-on-call. After hours, you will hear our message with our pager number to reach the therapist-on-call.

Fees and Payments:

Payment is required at time of service. Fees were set when you made your first appointment. Appointments generally run 45-50 minutes. We will file third party insurance forms for you, if you desire. Special fee structure for certain specified tasks such as psychological testing, consulting, or court-ordered appearances will be discussed with you and agreed upon before any charges are applied to your account. If your fees are not paid in a timely manner, ECS will contact you about payment. If payment is not made, ECS retains the right to use collection agencies. Clients are responsible for all fees owed to ECS and for any collection agency fees.

Insurance Usage and Issues of Confidential and Privileged Communications:

Many clients elect to file third party insurance coverage for services rendered. We will file insurance for you provided you authorize us to do so and provide us with the necessary information for filing such claims. Some insurance plans require an initial precertification of care before you can use your insurance benefits. It is your responsibility to make sure such precertification requirements are met if you elect to use your insurance benefits (i.e., referral from your primary care medical doctor, employee assistance program, other "gatekeeping" mechanisms such as calling an 800 number for approval).

In filing our insurance claim for you, you are granting us permission to reveal confidential information, such as the dates you are seen, the length of the appointment, billing information, forms completed today, mental status information, your diagnosis, treatment plans, progress notes, reports or clinical summaries, and summaries of assessments. This type of information is required by your carrier if you want insurance to pay toward your claim. Additionally, many companies now

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require further utilization review and participation with outcome and quality measures. Unless your care is very brief, it is likely we will be forced to submit a more extensive report documenting the clinical and medical necessity for your care, as well as, revealing some of the details of your care to date if further sessions are going to be authorized by your carrier. Some carriers will require auditing/review of your records and outcome/quality care studies.

If you identify a third party such as a parent, relative, pastor, friend, church, or any other third party to be responsible for part or the whole of your bill, then by signing this policy statement, you are giving your authorization for the bill to be released to that party. By doing so, you realize that the third party will know about the frequency and number of sessions, cancellations, no-shows, balances, payments, insurance payments, etc.

Psychologists/therapists have a strong privileged communication law in our state which carries the same legal status as that of attorney-client. What you talk about in your sessions is protected by privileged communication laws and confidentiality principles. There are a number of important exceptions to confidentiality including but not limited to: expressing clear and imminent danger to self and/or others, suspected child abuse, worker's compensation related cases, utilization review reports for authorization of care, and compliance with chart audits by your insurance carrier. Additionally, therapists at ECS reserve the right to seek peer consultation and supervision within our agency regarding your diagnosis and treatment in order to better serve you. Apart from these exceptions, you must sign a written release of information for us to communicate with or release records to other persons or entities. We strive to maintain the sacredness and privacy of your confidential communications with us.

Other Issues of Policy:

In the event that a client of Ebenezer Counseling Services becomes verbally or physically threatening to office staff, therapists, or other clients, we reserve the right to call for help from the police or other emergency services as needed. We also reserve the right to file a police report and to pursue charges as appropriate to the situation. In the event of a client having a medical emergency, we reserve the right to call appropriate emergency services.

When a parent or parents come to ECS to discuss issues related to their child or children, the consultation sessions cannot be filed for insurance reimbursement under the child's name until the child is actually seen and diagnosed in a face to face session. If the child is not seen, no diagnosis can be given, and the parents are fully responsible for payment of the consultation sessions. The laws and rules pertaining to therapy with children are complex. Please see our website for guidance or feel free to communicate with our staff about this.

Your Informed Consent to Care:

We have provided this information to you in the hope of fully informing you about the policies of our office and some of the parameters of care you will receive here, such as the importance of confidentiality. Psychiatric and Psychological care offer no absolute guarantee of success and there are limitations to any form of care offered a client.

Please feel free to discuss any of these matters with your therapist in more detail. By signing below, you acknowledge that you have read, understood, and agree to these policies and procedures. Your signature acknowledges your informed consent for care.

Signature of adult client or parent/legal guardian
of client less than 18 years of age

Date