

Center Point

Informed Consent and Description of Fees and Services

Counseling is a cooperative venture with responsibility resting on both therapist and client.
Please carefully read the information below.
If you have any questions, your therapist will be happy to discuss them with you.

CLIENT RIGHTS: You have the right to decide not to enter therapy and may end therapy at any time. You have the right to ask questions to your therapist at any time regarding the treatment you are being provided and to receive answers that are clear and satisfactory to you. You have the right not to allow the use of any therapy intervention/technique. You have the right to confidentiality in treatment with certain exceptions (see below). You have the right to review your records and to receive a copy of your file.

LIMITS TO CONFIDENTIALITY: In general, communications between client and therapist are confidential. Such information will not be released to anyone, including other agencies, without your written consent. There are some limitations, however, to confidentiality. As mandated reporters, Georgia state law requires that therapists report to the appropriate authorities any suspected abuse (including sexual abuse, physical abuse, and neglect) of a minor, older adult, or disabled/dependent adult. Mandated reporters are also required to report imminent risk of suicide and threat(s) of homicide. In addition, if a therapist receives a subpoena or court order to testify in a legal matter in which a client is involved, the therapist must respond. In the event a medical emergency occurs in the therapy office, emergency medical professionals will be contacted immediately. If you choose to use your health insurance to cover part or all of the cost of treatment, Center Point must reveal: A) The fact that you are a client; B) The primary diagnosis for which you are receiving treatment.

SESSION LENGTH: The therapeutic hour lasts 45-50 minutes. The additional time is used for scheduling the next appointment, receipt of payment and charting of your session.

LATE APPOINTMENTS: Therapists are scheduled to see clients hourly. Therefore, it is necessary to be prompt for your session. *If a client chooses to arrive late, only the remainder of the scheduled session time will be utilized. If a client is more than 20 minutes late, the appointment will be rescheduled and the client will be charged a missed appointment fee.*

CANCELLATIONS: Regular attendance will produce the maximum possible benefits. If you must cancel, please call your therapist or phone the center at (770) 535-1050 and leave a message on the voice mail at least 24 hours in advance of your scheduled appointment. *A fee will be charged for cancellations received less than 24 hours in advance.*

TELEPHONE CALLS: Your therapist will provide you with a contact number where you can leave a confidential message for him/her. When calling, please leave your name and telephone number (even if we already have it on file). We will return your call in a timely manner.

EMERGENCY PROCEDURES: In order to insure prompt attention during an emergency situation in which you are unable to contact your therapist, you will need to contact the **Northeast Georgia Medical Center at (770) 535-3553**, where emergency mental health personnel are available 24 hours a day. Please dial **911 for immediate assistance.**

PAYMENT: Payment is due on the date of your appointment and can be made via cash, check or credit card. Please make all checks payable to Center Point. There is a fee of \$25 for any check returned due to insufficient funds.

INSURANCE: Only licensed clinicians on staff are able to accept insurance. There are many variations for individual insurance plans including deductibles, co-pay amounts, and co-insurance amounts. Center Point will contact your insurance company to learn what amount you are responsible for per session and will process insurance claims on your behalf. Ultimately, however, you are responsible for payment if for some reason your claim is denied even if you are no longer receiving services at Center Point.

By signing below, I consent to receiving treatment as described in this form and agree with these terms and conditions:

- 1) _____ is the amount I am expected to pay per session.
 - 2) _____ is the missed appointment fee I have agreed to pay and I understand that this will not be paid by insurance but is my responsibility
 - 3) _____ I consent to have my credit card information securely stored and consent for it to be used to pay for individual sessions fees AS WELL AS missed appointment fees
_____ I DO NOT consent to have my credit card information securely stored and will arrange payment for individual sessions and missed appointment fees with my therapist
 - 4) I have been offered and/or reviewed a copy of Center Point's Notice of Privacy Practices
 - 5) I have been informed that Center Point is in compliance with the Health Information Portability and Accountability Act (HIPAA)
- * For those clients accessing their health insurance benefits*
- 6) I consent for Center Point to release healthcare information necessary to process my insurance claims
 - 7) I hereby authorize payment directly to Center Point for any benefits due for treatment
 - 8) I agree to tell my therapist about any changes in my health insurance

Client Signature: _____ Date: _____

*Signature of the custodial parent or guardian is required for clients under 18 years of age.

Staff Therapist: _____ Date: _____