

## Counseling Associates for Well-Being

Phone: (706) 425-8900

Fax: (706) 425-8600

### **Professional Disclosure Statement**

#### Confidentiality and Informed Consent with Insurance Usage

All information that you provide during a session is confidential, other than to insurance companies or managed care companies (if you choose to use your insurance).

*\*\*When you use your insurance, a psychiatric diagnosis must be assigned and transmitted to your insurance company, detailed clinical information often must be provided by your therapist, and in some cases total access to patient files often must be provided to insurance company employees. Often, insurance companies attempt to influence the methods or course of treatment so as to save money; this means treatment decisions will not be made by the therapist and client alone. Also, psychiatric diagnoses may affect your ability to obtain future health or life insurance and rates for that insurance.*

Records or any information shared will not be divulged to anyone without discussing this with you first. You would indicate your consent by signing a "Release of Information" form. Exceptions to this include our responsibility to report any instance of suspected child abuse or neglect, any situation in which a client threatens to harm themselves or another person, and any situation in which our records are subpoenaed by the court and we would be held in contempt of court if we fail to comply. For more information about confidentiality and disclosure see our "Privacy Notice".

#### Fees and Insurance

Please make yourself acquainted with your therapist's fee schedule. If there are questions or concerns please make your therapist aware before your session begins.

Insurance policies are a contractual agreement between you, the subscriber, and your insurance company. ***If you choose to use your insurance coverage, your coverage amounts, co-pays, deductibles, and your counselor's eligibility for reimbursement from your insurance company will all need to be verified by you prior to services being rendered, or full session fees will be charged until authorization and benefits are confirmed.*** We are happy to assist you as needed and will bill charges on your behalf. However, understand that you will ultimately be responsible for payment of coinsurance and deductibles as well as fees for any non-covered services.

After hours crisis phone counseling is available for current clients in the event of an emergency. This is generally not covered by insurance. Any calls lasting more than 10 minutes per event are billed at the crisis rate of \$75 for 30 minutes. Please ask your counselor if you have questions about this.

Your file will be placed in "closed" status if you have not been seen or do not have a scheduled appointment for 6 months. When this happens you will have to re-contact your counselor to resume services.

Our policy is to request payment for all services immediately following each session. Exceptions need to be agreed to in advance. All services provided will be charged directly to you, with the exception of those clients who choose to use their insurance or employee assistance program. In that case, your insurance company or EAP will be billed, and you will be asked to pay any coinsurance, and deductible amounts at the time service is rendered. Each individual is ultimately responsible for payment, whether or not insurance reimbursement is received.

### Payments

We accept cash, check, and most major credit cards. Because of the cost to us, there is a \$1.00 convenience fee for each credit card transaction. There is a \$25.00 fee for those checks that are returned for insufficient funds. Please make note of this.

### Cancellation Policy

Because we set aside your appointment time exclusively for you, we ask that you please give a minimum of **24 hours notice** if you need to cancel or change your appointment. There will be a *full session charge* (consult your therapist's fee schedule for exact amount) for appointments not kept or not cancelled according to the policy. Please note that insurance does **not** pay for missed appointments nor do these charges apply to your deductible. Emergencies will be considered, and we ask that you notify us of these as soon as possible to allow us an opportunity to offer your appointment to someone else.

Please sign below to indicate that you have received a "Professional Disclosure Statement", and agree to comply with the policies indicated.

\_\_\_\_\_  
Signature of client or parent /guardian

\_\_\_\_\_  
Date

### If using insurance/EAP:

I understand and agree that information regarding my treatment and care may be released to my insurance/EAP company for the purpose of securing reimbursement for services rendered. This may include periodic audits of my records by the insurance company or the behavioral contract organization.

\_\_\_\_\_  
Signature of client or parent /guardian

\_\_\_\_\_  
Date