



3905 Johns Creek Court, Suite 260, Suwanee, GA 30024
(770) 753-0350 office (770) 497-9536 fax

Paraclete Counseling Center, Inc. offers biblically sound, psychologically competent professional counseling for individuals, couples, families and groups. Topical seminars and workshops, and consultations are also available.

Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order for us to work most effectively together, I ask that you carefully read the information below. If you have any questions regarding the following information, please discuss these with me during your first session.

All counselors operate from some particular moral basis, which may or may not come from a religious perspective. We want to inform you that all the counselors in this office operate from a Judeo-Christian point of view. If you do not wish that to be included as a part of your counseling, please tell your therapist during your first session.

BENEFITS AND RISKS OF THERAPY:

There are some risks as well as many benefits with therapy. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. Sometimes a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

While you consider these risks, you should know also that scientists in hundreds of well-designed research studies have shown the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved.

CONFIDENTIALITY:

All information shared between counselor and client is confidential and will not be revealed unless required by law in such cases of suspected child abuse or threats of physical harm to self or others. There are two situations in which I might talk about your case with another therapist. When I am out of the office or am not "on call", another therapist in this office will be available to you in emergencies. Therefore, this therapist needs to know

about you. Generally, I will tell this therapist only what he or she needs to know about you to help you in an emergency.

Second, in order to give high quality treatment, I sometimes consult with other professionals about my clients. The same rules and laws that I am bound by also bind these professionals in order to protect your confidentiality.

PAYMENTS AND BILLING:

Therapy Sessions: Most therapy sessions last 50 minutes. If you require a longer or shorter session, it will be prorated based on your fee. Any client who has a balance of fees for more than two sessions will be unable to continue therapy until your payment is made. Individual exceptions can be made through your individual therapist. If you are unable to pay these fees, please talk to your therapist about this to make other arrangements. Please remember that final payment of your bill is your responsibility NOT your insurance company. In the event that we are unable to collect fees owed by you, we reserve the right to use an outside collection agency to work on our behalf to collect overdue balances.

Initial Session	\$120
Family/Couples	\$100
Individuals	\$100
Addiction Assessment	\$200
(Initial Session, Testing, Reports & Phone Interview with significant other)	
Interventions	\$100 per hour

Cancellation of Appointment: If you must cancel your appointment, please call the office and leave a message on your therapist's voicemail, if no one is able to take your call. **You must cancel at least 24 hours in advance of your scheduled appointment.** If you do not cancel your appointment 24 hours in advance, you will be charged our standard fee, not your co-pay. Insurance does not cover late cancellations or no shows. Exceptions will be made in case of illness or other emergency. Your cooperation in this matter is greatly appreciated.

Telephone Consultations: I understand that at times telephone consultations are necessary. If a conversation last over 10 minutes, please see the fee breakdown below.

<u>15 minutes</u>	<u>20-30 minutes</u>	<u>35-50 minutes</u>
\$25	\$50	\$75 and up

Court/Legal Testimony: As a general rule, the counselors in this center do not give court testimony. If you believe that court testimony may be necessary, please discuss this with your counselor in your first session.

Reports: I will not charge you for my time spent making simple reports to

your insurance company. However, any reports needed for other professionals, including but not limited to lawyers, courts, other medical doctors, and school officials, will be charged a fee, please see the fee breakdown below.

<u>15-20 minutes</u>	<u>30-40 minutes</u>	<u>40-50 minutes</u>
\$25	\$50	\$75 and up

Testing: At times I may find it necessary to have you complete an assessment to help better evaluate your situation. Some of these cases include but are not limited to depression, anxiety, marital therapy, addiction, etc. These assessments will be discussed with you prior to that time and fees will be discussed then. Assessments range in price from \$10-\$90.

Returned Checks: If your check is returned with Non Sufficient Funds, you will be assessed a \$30 fee.

IN CASE OF EMERGENCY:

In the event you have an emergency, please dial the office at 770-753-0350 and choose option 6 to leave a message for the on-call therapist. If you cannot wait for the therapist to return your call, please dial 911 or go to your local emergency room.

I have read and understand the conditions and information above and agree to these conditions.

Signature _____ Date _____

IMPORTANT EXTENSIONS:

New Clients	Option 2
Lisa Poore	102
Mary Ann Woodward	103
Troy Snyder	104
Pat Caffrey	105
Elizabeth (Libby) Balch	106
Rich Oswald	107
Kim Hart/Operator	101 or 0
Directions to Office	Option 4
Office Address & Fax #	Option 5
Emergency on-call therapist	Option 6

A copy of this form will be kept in your confidential file. If you wish to have a copy for your records, please request one.

Confidentiality and Managed Care

Your managed care plan (MCP) chosen by your employer sets limits on both you and your therapist. If you choose to access therapy through your MCP, you need to be aware that the plan will be involved in direct clinical management of your case. I will be required to give extensive and sensitive information about you and your case to the MCP. This information is used by the plan for determining benefits, which they allocate at their own discretion. This impacts your right of confidentiality, and it is possible that your information will be put into a computer system that could be accessed by anyone. The MCP will decide how many sessions I can provide to you and can even refuse to allow me to treat you. It can refuse to pay for any of your treatment, or may pay only a very small part of its cost. Finally, it can limit the kinds of treatments I can provide to you.

Even if it does give the “go-ahead” to treatment, the MCP may put limits on the number of times we can meet. Your insurance policy probably has a maximum number of appointments allowed for therapy, but the MCP does not have to let you use all of those appointments. Also, it may not agree to more sessions even if I believe we need more to fully relieve your problems, or even if I think that undertreating your problems may prolong your pain or lead to backsliding. If the MCP denies payment before either of us is satisfied about our progress, we may also need to consider other treatment choices, which may not be the ones we would prefer.

We can appeal the MCP’s decisions on payment and number of sessions, but we can only do so within the MCP itself. We cannot appeal to other professionals, to your employer, or through the courts without great effort. You should know that my contract or your employer’s contract with a particular MCP may prevent us from taking actions against it if things go badly because of its decisions.

If after reading this and discussing it with me, you are concerned with these issues, you have the choice of paying me directly and not using your health insurance. This will create no record outside of my files. Direct payment provides you with confidentiality.

I have read and understood the issues described above and willingly enter treatment accepting these limits. I give my therapist permission to submit information in order to secure payment for the mental health services to be provided to me.

Signature of Client

Date

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