



## **INFORMATION, DISCLOSURE, CONSENT, AND DESCRIPTION OF FEES AND SERVICES**

Welcome! The Care and Counseling Center of Georgia (CCCG) welcomes you. We believe it is important for you to be informed about the nature of counseling or psychotherapy, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client.

### **COUNSELING AND PSYCHOTHERAPY IN THIS CENTER**

The words counseling and psychotherapy (referred to below as “therapy”) often are used interchangeably to indicate forms of help that address various kinds of personal and family distress such as depression, anxiety, adjustment difficulties at work or with other people, and marital and family conflicts. The goals of therapy range from the relief of symptoms to significant life changes based on acquiring a better understanding of one’s personal, interpersonal, and social circumstances.

CCCG’s methods of treatment are based on standard practices common to the training and experience of psychotherapists, marriage and family therapists, psychologists, social workers, and professional counselors. Therapists work within the standards and ethical guidelines of state licensing laws and professional associations. Therapists also respond to the spiritual and theological needs of clients who want their values, beliefs, and religious affiliations to be considered in their therapy.

### **THERAPY PROCESS**

Therapy begins with an intake process designed to evaluate your needs and difficulties and to help you and the therapist make a decision about engaging in therapy. This may take one interview or a series of interviews. If you or the therapist believes someone else could better meet your needs, we will help you get connected with another counselor. The therapy process itself may take many forms, depending on the issues that need to be addressed and how far you wish to go in dealing with them. Treatment is guided by a plan that you and your therapist agree to pursue. Therapy ends when the work is done, or at the point you decide to end it.

### **THERAPY POLICIES AND PROCEDURES**

Your Rights as a Client. You have all of the rights established by the state of Georgia governing clinical practices. These includes the rights of consent to treatment; seeking disclosure from your therapist about his or her qualifications; requesting a different therapist; ending treatment at any time; accessing grievance procedures; and having the records of your treatment kept in confidence.

Safe Zone. The Care and Counseling Center is a Safe Zone for all people regardless of sexual orientation, gender identity or expression, age, physical ability, race, ethnic background, immigration status, or creed. No weapons are allowed in any CCCG office. CCCG provides gender-neutral restrooms.

Confidentiality. What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, or as part of the professional practice of this center. If you and/or your family see more than one therapist at CCCG, the providers will consult with each other to ensure that you receive the most effective care possible. By law, there are circumstances when your therapist must report information to the appropriate persons or agencies beyond CCCG, for example: a) if you threaten bodily harm or death to yourself or someone else; b) if you reveal

information about child, elder, disabled or dependent adult, or parental abuse; or c) if ordered by a court of law. If your therapy is court-ordered the results of treatment or tests must be revealed to the court. In addition, if you use insurance, we will provide the insurance company all information required to pay claims or continue treatment. This includes demographic information and a diagnosis, and at times treatment notes and plans. In all other instances, your written permission is required before your therapist or CCCG can reveal information about your treatment. We will protect your confidentiality as we maintain high clinical standards in our diagnosis, treatment, case records, business operations, and quality control.

Emergency Contact. Your therapist will provide you with a voicemail/contact phone number and will let you know his/her availability in an emergency. In the event of a mental health emergency in which you are not able to contact your therapist, you should call 911 or go to the nearest hospital emergency room.

Payment. If you are being seen in Decatur, all fees for therapy, whether copay, coinsurance, or self-pay fee, are due at the beginning of your session. Please arrive in time to check in, pay your fee, and complete any paperwork the receptionist may have for you before your session begins. You will need to present your insurance card and photo ID at your initial session. If you are being seen in a satellite center, your therapist will give you paperwork and collect your fee. If you do not pay your fee before or after your session, your credit card on file will be charged your agreed-upon fees.

Each check returned because of insufficient funds will result in a CCCG charge to you of \$25. If your account is more than 90 days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by CCCG to a collection agency.

### **IMPORTANT THINGS TO KNOW ABOUT USE OF INSURANCE**

If you wish to use insurance, please call CCCG (404-636-1457) at least 48 hours before your first appointment. CCCG staff will call your insurance company to obtain an estimate about your financial responsibility for any deductible, copay, and coinsurance. CCCG will charge you for your initial sessions based on this estimate. Once your insurance company pays CCCG, we may receive new information regarding your deductible, copay, and coinsurance. If needed, your statement from CCCG will be revised so that it reflects the actual amount due. You will be responsible to pay this amount.

CCCG will not file insurance for out-of-network benefits. If you want to use out-of-network benefits, you must pay the full self-pay fee of \$150 for individual/couples/family therapy, or \$75 for group therapy at the time of service. CCCG will give you a statement that you may submit to your insurance company for direct reimbursement. CCCG is not responsible if your insurance company does not reimburse you for out-of-network benefits.

If you change insurance policies it is your responsibility to notify CCCG (404-636-1457). It also is important to notify your therapist who may or may not be an in-network provider for the new insurance company. If your therapist is not an in-network provider, you may request an in-network therapist. Your current therapist also may work with you to continue services on a self-pay basis. It is your responsibility to present your new insurance card before the first session for which you want to use your new insurance. If your insurance is cancelled or terminated, it is your responsibility to notify your therapist and the CCCG business office.

It is not uncommon to take several months to resolve insurance claims. If there is a remaining balance after insurance has paid, you will be billed at that time. Even if you are no longer receiving services at CCCG, it is your responsibility to pay these charges.



## **INDIVIDUAL/COUPLES/FAMILY THERAPY SESSIONS**

When you schedule a psychotherapy session, your therapist reserves a block of time, usually 45 minutes, for you. Your appointment will begin and end at the scheduled time. If you arrive after the scheduled start time, your appointment will still end at the scheduled ending time.

In your session, you are encouraged to develop an awareness of the time, think about what you would like to accomplish, and pace yourself. If there are questions you want to ask, please begin your session with these. This may sound difficult if you are dealing with something upsetting; however, learning to do so is a part of the healing process. If you have had any thoughts of harming yourself or someone else, please let your therapist know at the start of the session so that you can work together to make a plan for your safety. We encourage you to ask any questions or address any concerns you have in your session to avoid an additional charge. If you need a letter or a form completed, please let your therapist know at the beginning of the session. Any paperwork that you request your therapist to complete outside of session will incur an additional fee.

Fees and Payment. Therapy sessions are normally 45 minutes. The standard fee is \$150 per 45-minute session. The fee may be adjusted based on family size and financial circumstances. The fee will be discussed in your first session with the therapist. The agreed upon fee is \$\_\_\_\_\_. If you are using insurance, your insurance company will be billed \$150 and your co-pay/co-insurance is \$\_\_\_\_\_.

If you need to cancel an appointment, please notify your therapist as soon as possible. If you do not notify your therapist at least 24 hours before your scheduled appointment time, or if you do not keep an appointment, there will be a **\$65** cancellation fee. You will be asked to keep a credit/debit card on file and the \$65 fee will be charged to your card. Insurance will not pay for missed appointments. If you are using insurance or an Employee Assistance Program that does not allow cancellation fees, you will not be given further appointments after you miss two appointments without canceling 24 hours before the appointment.

Ending Therapy. Although you may end therapy at any time, it is preferred that you have a face-to-face concluding appointment with your therapist rather than terminating by telephone, mail, or by not showing up. At the time of discharge, you may be given or sent a Client Satisfaction Form that is used to elicit feedback on the therapy process. This is a valuable tool to increase our awareness of the strengths and weaknesses of our services.

## **GROUP THERAPY AND GROUP PSYCHO-EDUCATIONAL SESSIONS**

In a therapy or psycho-educational group, each member's regular presence in group helps to build group cohesion and safety. Therefore, it is important to make attending all group sessions a priority. If you must miss a session, please let group members and the facilitator know at the previous meeting. If that is not possible, please notify the leader as soon as possible. Additionally, please make every effort to arrive in time to pay your fee and be present in the waiting room before the group start time. Groups will start and end at the scheduled time. Late arrivals are disruptive to the group process, so please make every effort to be on time.

If you have any questions or concerns that you would like to address with the group facilitator, please ask the facilitator if your concern can be addressed in a few minutes after the group session or whether you will need to schedule an individual therapy session. If you need a letter or a form completed, please let your group therapist know. Any paperwork that you request your group therapist to complete will incur an additional fee.

When you commit to a therapy group, you are reserving your seat in the group. As such, you are expected to attend and pay for each session of the group whether or not you attend. There will be a \$45 fee for a missed group. You will be asked to keep a credit/debit card on file and the \$45 fee will be charged to your card. Insurance will not pay for missed group sessions. If you are using insurance or an Employee Assistance Program that does not allow cancellation fees, you may be asked to leave the group after you miss two appointments.

**GENERAL CONSENT**

Having read the above, I understand and consent to the following (*Please initial each line*):

I have seen and read the information contained in this Information Disclosure, Consent, and Description of Fees and Services Form.

I have seen and/or been offered a copy of CCCG’s confidentiality policy practices as mandated by the Health Information Portability & Accountability act (HIPAA).

I have been oriented to safety policies and emergency procedures.

I consent to treatment as described in this form.

I understand my therapist will consult with other CCCG providers who work with me and/or my family.

I am responsible for paying all fees as described above.

My credit card number will be stored in a secure vault.

If I do not pay the receptionist at the time of my appointment, my credit card on file will be charged.

My credit card on file will be charged a \$65 cancellation fee if I fail to cancel an individual, couples, or family appointment 24 hours in advance or if I don’t show up for my appointment.

My credit card on file will be charged \$45 for each group session I miss.

My credit card on file will be charged any balance on my account more than 120 days old.

**If using insurance:**

I will tell my therapist about any changes in my insurance.

I will pay all fees not covered by my insurance.

I hereby authorize the release of healthcare information needed to process any claims generated by CCCG.

I hereby authorize payment directly to CCCG of any benefits due me for my therapy.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date