

## **Grace Counseling Center Outpatient Services Agreement**

Welcome to Grace Counseling Center (GrCC). This document contains important information about our professional services and business policies. We ask that you read it carefully and sign it as an acknowledgement of your agreement to abide by these policies.

### **Counseling Services**

Counseling is not easily described in general statements. It varies depending on the background and training of the counselor, and the personality of the counselor and the client, as well as the particular problems that the client brings. While all of our therapists come from a God-centered understanding of people, each has a unique background and training. So, while some have primary training in Social Work or Psychology, others have primarily theological training in Pastoral Counseling. There are also a number of different approaches used by our counselors, which can be utilized for the problems you hope to address. We encourage you to discuss with your counselor his or her background and training before you proceed with counseling in order to ensure that you are comfortable and confident with him or her.

Counseling is much different from visiting a medical doctor, in that counseling requires a very active effort on your part, both during your sessions and at home.

Counseling has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings. Counseling often requires discussing unpleasant aspects of your life. Counseling has also been shown to have benefits for people who undertake it. However, there are no guarantees about the outcome.

### **Appointments**

Once counseling is initiated, a 50 minute session is scheduled. Once this appointment is scheduled, you will be expected to pay for it **unless you cancel by 12 noon the business day before**. Missed appointments (or late cancellations) cannot be submitted to your insurance and will be billed to you directly.

### **Insurance Reimbursement**

If you have a health insurance policy, it may provide some coverage for outpatient mental health treatment. Our office will be glad to provide you with whatever assistance it can in facilitating your receipt of the benefits to which you are entitled. However, you are ultimately responsible for full payment of the fee **at the time of visit**, regardless of whether or not your insurance company has properly or improperly determined payment.

You should also be aware that most insurance agreements require you to authorize your counselor to provide a clinical diagnosis or additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, our office has no control over what they do with it. It is important to remember that you always have the right to pay for services directly and avoid the reporting and complexities associated with insurance coverage.

### **Contacting Your Counselor**

If you need to talk with our counselor between sessions, you are encouraged to contact the GrCC (313)343-9000. Your counselor will not usually be available to accept phone calls. Office hours are 9am–5pm Monday, 10am-8pm Tuesday through Thursday and closed on Friday. In case of a life-threatening emergency, you are encouraged to go immediately to your nearest emergency room.

Most of your counselor's work is done at GrCC; however, there may be times when a telephone consultation is warranted. There is typically no charge for most telephone consultations, in part because such conversations are relatively brief. However, when these sessions exceed 10 minutes, there may be a charge consistent with the proportion of a therapy session.

When at all possible, fees will be determined prior to service. You will be expected to pay for each session at the time it is held. Please contact our office if you have any questions about fees.

**Confidentiality**

In general, the confidentiality of all communications between a client and a counselor is protected by law, and can only be released to others with your written permission; however, there are a few exceptions.

In most judicial proceedings, a judge may order records by subpoena. In some circumstances, such as child custody proceedings or in cases which your emotional condition is an important element, a judge may require your counselor's testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which your counselor is legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if the counselor believes that a child, an elderly person, or a disabled person is being abused, he or she may be required to file a report with the appropriate agency. Also, if a counselor believes that a client is threatening serious bodily harm to another, he or she may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, your counselor may be required to seek hospitalization for the client or to contact family members or others who can help provide protection.

While these situations are rare, you should be aware of their possible occurrence. Should such a situation occur, your counselor will make every effort to fully discuss it with you before taking any action.

In order to provide highly professional and effective services, GrCC counselors often seek supervision and consultation from other professionals. In these consultations, he or she will make every effort to avoid revealing the identity of the client. The consultant, is, of course, also legally bound to keep the information confidential. Unless you object, your counselor will not tell you about these consultations unless he/she feels that it is important to your work together.

**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I acknowledge receipt of this Outpatient Services Agreement, which I have read and understood. I further acknowledge that I have had the opportunity to ask questions about the contract with my counselor. By my signature below, I accept the terms of the contract and provide my voluntary consent to treatment as recommended and fully explained to me by the staff of Grace Counseling Center. I understand that I am free to withdraw my consent and discontinue treatment at any time.

**Client (Parent/Guardian) Signature: X** \_\_\_\_\_ **Date** \_\_\_\_\_