

CLIENT HANDBOOK

The Nature of the Therapy Relationship: The psychotherapeutic relationship is a professional relationship. The relationship is formed to provide help to you, the client. After the initial interview and assessment, your therapist will negotiate a contract for the therapy process. This will involve setting goals and deciding on the methods that will be used to meet those goals.

In order to provide the best care for you, treatment may include a recommendation for you to your physician for consultation regarding medication or hospitalization. The important factor is that both you and the therapist agree on and are clear about what you are trying to accomplish in the therapy process. If you are unsure about your contract with your therapist, be sure to bring this up with him or her. Client will be informed and advised of the following:

Client is advised of **treatment alternative** modes including but not limited to: no treatment, medication as prescribed by his or her physician, EMDR, bibliotherapy.

Client is advised of **possible treatment outcomes**. Client is advised that consequences of not receiving the proposed treatment may include but are not limited to: no change in symptoms, or increase in symptoms.

Expected **treatment side effects** or risks of side effects that may be a reasonable possibility may include but are not limited to the following: no side effects, or increased symptoms, e.g. greater intensity of both comfortable and uncomfortable feelings.

Treatment recommendations at The Center may be administered by the following modalities: individual, couples, or family sessions, therapeutic groups and workshops. Therapists will use generally accepted mental health and alcohol & drug (AODA) therapeutic interventions based upon established mental health and AODA theories including but not limited to: Psychoeducational, Cognitive Behavioral, Family Systems, Transgenerational, Object Relations and Narrative.

Benefits of treatment received by client as a result of their treatment at The Center may include but are not limited to the following: decreased symptoms of their diagnosis, e.g. less anxiety, lower levels of depression, increased level of satisfaction in relationships, greater ability to express feelings, greater sense of emotional support, greater sense of spiritual support, decrease in abuse and/or dependence on alcohol or other substances.

The services, goals and **duration of treatment** will be explained in my **individualized treatment plan** and reviewed regularly. I will participate actively in the development of my treatment plan.

Client has been advised as to how to use the **clinics grievance procedure**. (See patient bill of rights)

Client is advised of The Center's discharge policy. Including circumstances under which a client may be **involuntarily discharged** for inability to pay for services or for behavior reasonably the result of mental health symptoms.

The clinic does not choose to provide **medication management** as part of the clinic's services.

Client has the right to **withdraw informed consent** at any time in writing.

Informed consent is effective for 12 months after client signs form.

CONFIDENTIALITY

Your therapy relationship is protected by laws governing confidentiality. With very specific exceptions, the information you give to your therapist will remain completely private. Your therapist cannot release any information about your treatment without your written permission, including the fact that you are a client at The Center. If friends or relations call to leave messages for you or to ask the therapist or staff questions regarding you, we will be unable to acknowledge that you are a client here unless you have given us written permission to do so.

The exceptions to these protections include (a) information shared with the consulting supervisor as part of the required case reviews (see "Supervision" below); (b) therapists have a duty to warn others when there is a clear threat of harm posed by a client; (c) therapists are required to report to social services personnel when there is reasonable cause to believe that a minor, who is in treatment at our clinic, has been physically or sexually abused. Please talk to a therapist if you have any questions about what kinds of information are not protected by the confidentiality agreement.

Supervision: All of the therapists working at The Center are supervised in their work by a consulting psychiatrist. Supervision is done weekly with all therapists participating as a group. Each client's case will be reviewed by the consulting supervisor during the first 30 days of treatment. This case review is done with the therapist, but without the client present. This may include discussions among therapists who work with different members of the same family.

In addition, occasionally we do live supervision of therapy. In that experience the therapist is observed on videotape. This is only done with the client's knowledge and written consent. We do this in order to sharpen our skills. In addition, it gives the clients involved the advice, help and encouragement of all the therapy staff.

CLIENT/THERAPIST BEHAVIOR IN THERAPY

In a situation where a person or a family seeks help from another person, there are likely to be a variety of feelings about requesting help. You may experience relief, anger, anxiety, sadness, or shame in response to coming for treatment. You will very likely have a number of questions. These feelings and questions are normal. It is best to talk about them with your therapist since this aids in the process of establishing trust, which is so important in the therapy relationship. Your therapist expects and is familiar with these feelings and questions.

The therapists at The Center expect and welcome feedback about themselves and the therapy process. To facilitate this feedback, you will be asked to complete a questionnaire about your therapy experience after your therapy. If you have expressed a complaint and do not feel your therapist has answered it satisfactorily, please bring it to the Clinical Director or client's rights specialist.

FEES AND BILLING POLICY

Session Length:

The initial session is one hour. Ongoing sessions are 45-50 minutes of treatment, which allows the therapist an additional ten minutes of administrative time, which is used for telephone calls, charting and case review. You will be charged for the services of each therapist present at your session. A couple or family being seen by two therapists will be billed for each therapist involved in each session.

It is important to be on time for your sessions since your therapist will be unable to extend your session beyond your allotted time and the charge will not be reduced if you are late. If you must cancel an appointment, we request that you do so at least 24 hours in advance. Unless there is an emergency, you will be charged full fee for appointments not canceled 24 hours in advance (12 hours in advance for AODA clients). Insurance companies will not cover such charges, so you will be held responsible to pay for them in full.

We operate on a fee-for-service basis, which means that we charge our clients for the time and service we provide. Our standard fee is on our fee agreement. The first session carries a one-time additional charge of \$30.00. This covers the set-up of your record and the case consultation we are required by state law to do with a supervising psychiatrist.

We are a cash practice, which means we expect payment at the time of service. If you have health insurance and wish to use it we will help you with that process by preparing a health insurance claim form and submitting it to your insurance carrier for reimbursement. If you have insurance, it is your responsibility to call your insurance company prior to your first visit to verify coverage at our clinic. You will also need to clarify your co-pay and deductible. You will be expected to pay your co-pay and deductible at the time of service. If you don't know if your insurance will cover our clinic or have no insurance you will be expected to pay for each session at the time of service. The ultimate responsibility for charges at The Center is the client's. Clients will receive monthly statements informing them when there is a balance due on their accounts. A late fee of 1.5% per month will be added to all amounts outstanding over 30 days.

Any amounts outstanding over 90 days, including payments expected from your insurance company, will be due immediately from you. We may enlist collection agency services if your account becomes delinquent.

Although there should be no accumulation of debt with our cash practice, if a debt does occur and an individual's account accumulates to exceed \$1,000, or the total of all family member accounts exceeds \$2,000, treatment will be discontinued (unless it is clinically contraindicated) until the outstanding balance is brought below those levels.

If a break in therapy is necessary for financial reasons, your therapist will make recommendations for interim and follow-up care. At the end of your therapy, arrangements must be made to pay off your account within 90 days.

Billing questions can be addressed to one of the staff in the front office or your therapist.

MISCELLANEOUS

Prayer supports your psychotherapy experience at The Center. Therapists pray for clients in a confidential manner. In addition, we encourage clients to pray for themselves and to ask others to pray for them.

Scheduling Appointments: Appointments are scheduled through your therapist or with the receptionist, as specified by your therapist. If you ever need to change an appointment already scheduled, please contact our office as early as possible to arrange for rescheduling.

Phone Procedures: The Center's current business office hours are 8:00 a.m.-5:00 p.m., Monday through Thursday, and 8:00 a.m.-12:00 p.m. on Saturday.

Phone messages are forwarded to the therapist during these hours, and the calls will be returned at the earliest convenience of the therapist. After hours, calls are received by a voice mail service. If you call after hours you can leave a voice mail message for your therapist. If you experience an emergency (for example, an intense urge to harm yourself or someone else) press 9 on the telephone and you will be connected with our emergency page box.

In Case of Emergency: A pager will be activated alerting the on-call therapist to call for your emergency message. He or she will then call you. The therapist on call will answer all pages received. You and your therapist should agree to a back-up plan for you to implement if technical failure prevents the on-call therapist response in the time frame that you find comfortable. If even after that plan is implemented, you are unable to reach anyone, please call 911.

The emergency pager is not for ongoing therapy issues, not to change appointments and not to clarify questions. In these cases, please leave a message in your therapist's voice mailbox.

OUR COMMITMENT

1. **Responsive:** Provide a timely response to each phone call/voice mail or request.
2. **Safe:** To provide a safe and confidential atmosphere to each person that reaches out to us or works with us.
3. **Love:** Work to live out God's love with every person that comes into contact with us.
4. **Respect:** Give respect to each person that reaches out to us and works with us.
5. **Honest:** In everything that we say and do.
6. **Prepared:** Be prepared for every meeting or task that we do.
7. **Detail:** Give attention to detail in everything we do.
8. **Quality:** Provide superior quality in everything we do.
9. **Follow Thru:** Follow thru on every commitment we make.
10. **Stewardship:** To be efficient and effective with yours or our time, energy or money and not be wasteful.