CLIENT RIGHTS AND RESPONSIBILITIES

Client Rights:
As a client of Choices in Counseling, you have certain rights. Those rights include, but are not limited to, receiving prompt service, respect, and confidentiality. A full copy of your rights and responsibilities is available upon request.

Prompt Service
Every effort will be made to provide you with a timely appointment as close to your initial request for treatment as possible. Follow-up appointments will also be provided in a timely fashion in accordance with the follow-up schedule agreed upon by you and your therapist.

Respect
At Choices in Counseling we are committed to treat all clients with respect, regardless of race, age, gender, sexual orientation, or religion. We demonstrate this respect by keeping appointments, by making every effort to notify you if a change in time is necessary, and by giving you our complete attention and avoiding interruptions during sessions.

Confidentiality
Counseling involves the disclosure of sensitive personal and private information by clients. Professional ethics and several laws protect the confidentiality of information shared in counseling. Therefore, no acknowledgement of your status as a Choices in Counseling client will be made, nor will information about your actual counseling be released to any outside agency or individual without your written permission, except as may be required by law. There are a few exceptions to confidentiality that you should be aware of before you begin counseling:

1. Professional Consultations and Supervision. Your Choices in Counseling therapist may consult with other Choices in Counseling therapists or a supervising physician as may be required by your insurance provider. These consultations are for professional purposes only.
2. Abuse of Children. If Choices in Counseling has reason to believe that a child under the age of 18 is being abused or neglected, we are legally obligated to report this situation to the appropriate state agency.
3. Imminent Harm to Self. If Choices in Counseling has reason to believe that you are in danger of physically harming yourself, and if you are unwilling or unable to follow treatment recommendations, we may have to seek your involuntary admission to a hospital and/or contact a family member or another person who may be able to help protect you.
4. Imminent Harm to Others. If Choices in Counseling has reason to believe that you are a threat to the safety of another person we may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions) to insure that the other person is protected.

The situations described in (2), (3), and (4) are extremely rare. If they should occur, however, it is Choices in Counseling’s policy that, whenever possible, we will discuss with you any action that is being considered. You should be aware that we are not legally obligated to inform you or seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect you and/or another person.

Full and complete definitions of your rights is included in this registration packet as defined in the "NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION"

Responsibilities:
In order for you to make progress, your active participation in the counseling process is essential. Therefore, along with the rights you have as a client of Choices in Counseling, you also have certain responsibilities. Your fulfillment of the responsibilities listed below is important in helping us to assist you in your progress toward your goals.

Promptness
Counseling sessions are generally 50-60 minutes long. Arriving promptly for your sessions will allow you to make the most of them. If you know that you will be late for an appointment, please notify your therapist within at least 6 hours of your appointment.
**Attendance**

Once you have been assigned an appointment with a therapist, it is your responsibility to keep that appointment. If you are unable to keep a scheduled appointment, please cancel your appointment by calling Choices in Counseling giving as much advance notice as possible. If at any time you decide to discontinue counseling it is helpful if you inform your therapist with whom you are working of your decision. Dropping out of services and failing to keep pre-scheduled appointments may result in missed appointment fees or other charges to your account.

**Financial Agreement:**

I understand that I am ultimately responsible for all charges incurred for my treatment or that of a member of my family. I agree to pay any copayments/coinsurance payments and all other charges excepting those covered by my insurance at the time the service is provided, unless other arrangements have been made. In the event of non-payment, I understand that Choices in Counseling may charge reasonable costs of collecting the amount due, including attorney fees and legal expenses as applicable. Choices in Counseling’s standard fees include (but may not be limited to):

- **Individual Therapy Child/Adolescent:** $85.00/session
- **Individual Therapy Adult:** $85.00/session
- **Family or Couples Therapy:** $85.00/session
- **Initial Assessment:** $105.00/assessment
- **Missed Appointment Fee:** $30.00/session
- **Report Writing & Preparation of Records:** $85.00/hour
- **Court Appearances:** $125.00/hour

**Assignment of Insurance Benefits:**

I understand that if I have insurance, they will be billed the gross charges of services rendered. I authorize payment to Choices in Counseling for insurance or any other third party benefits payable to me. I also understand that verification of benefits by Choices in Counseling does not guarantee payment from third party carriers.

**Appointment Agreement:**

I understand that my appointment times are being reserved for me and that the efficiency of scheduling often depends on my keeping my appointment as scheduled. I understand that if I miss my appointment or cancel within 24 hours of my appointment time that my ability to reschedule future appointments may be limited. I also understand that repeated missed appointments will not only limit my ability to reschedule future appointments, but will impact my overall treatment progress. If I do not call to cancel my appointment at least 6 hours prior to my appointment time, I may be charged a $30.00 missed appointment fee.

**No-Show/Reschedule Policy:**

If you miss a scheduled appointment without calling ahead, your ability to reschedule future advanced appointments may be limited and a missed appointment fee may be charged at the discretion of your Choices In Counseling therapist.

**Reports, Court Appearances, and Requests for Records:**

Additional charges may apply for the preparation of reports, preparing of records for third party entities and for attending court hearings depending on the nature of the request(s) and at the full discretion of the therapist. The standard hourly rate of $85.00 per/hour will be applied for the generation of reports and preparation of records for third party entities with a minimum of a ¼ hour charge with additional time to be charged in ¼ hour increments thereafter. Most insurance companies will not reimburse clinicians for report writing or the preparation of records. Fees associated with these services will be the responsibility of the client with payment for these services payable at the time of service. Reports are typically recommended in lieu of formal court appearances. When required, court appearances are typically billed at a rate of $125.00 per/hour to cover out-of-office travel and expenses up to 100 miles to and from our office on 901 North Main Street in Franklin.
Social Security/Disability Determination Paperwork
We **do not** complete Disability Determination Paperwork for Medicaid or Social Security. Typically Psychologists or psychiatrists are required to conduct these types of interviews.

Consent for Mental Health Services:
I agree and consent to participate in the mental health services offered by Choices in Counseling, as defined in Indiana Law. I understand that I am consenting and agreeing only to those mental health services that my assigned providers are qualified to provide within the scope of the providers license, certification, and training.

Client Rights Information:
I understand that I am entitled to a full written hard copy of my rights and responsibilities and the HIPPA Guidelines as a client at Choices in Counseling and may ask for a copy of these rights at any time.