



General Policies & Consent to Treatment

Welcome to Covenant Counseling & Family Resource Center. This brief guide presents some of the basic information that will help you understand CC&FRC and facilitate our work together.

I. Intake Evaluation

During the first session, the therapist will assess your needs and determine the most appropriate type of counseling for you in your current situation. The therapist will explore your goals for counseling, who needs to be involved, and the procedures that will be followed in therapy. If appropriate, a referral will be made to another health professional. You will be asked to sign this consent to treatment form.

II. Appointments, Cancellations & Emergencies

Each therapist schedules their own appointments. Each session is approximate 45-50 minutes in length. We have 24 hour, 7 day week phone coverage for cancellations. If you have a non-life threatening emergency, please leave a message on our voice mail at (770) 985-0837 ext 27. Listen to the message carefully. A therapist will return your call as soon as possible.

You are responsible for cancelling appointments as soon as possible whenever it becomes clear you will be unable to keep a scheduled appointment. **The established fee will be charged for appointments not cancelled at least 24 hours in advance.**

III. Fees, Payments, & Bills

Since CC&FRC is a non-profit counseling center we seek to provide services within their financial means. This center operates with a Standard Fee, which may be adjusted according to your need. The therapist will talk you about the fee during the first session and set a fee that reflects your current financial situation.

Payment is expected at the end of each session. If you are paying by check, please make the check payable to CC&FRC.

IV. Insurance and Employee Assistance Programs

Your insurance may cover a percentage of the cost of counseling. You are responsible for determining if there is coverage for outpatient mental health services. You will be responsible for any co-pays, deductibles, or remaining charges not covered by insurances including missed appointments. Insurance companies and EAPs do not pay for missed appointments. You will be charged the standard fee for a missed appointment.

Authorization for Release of Information:

I authorize the release of any medical or other information necessary to process claims and permit a copy of this authorization to be used in place of the original.

_____	_____
Signature	Date

V. Confidentiality

Communication between you and your therapist is confidential and will not be released to anyone without your authorization. However, there are three exceptions to confidentiality which Georgia law requires counselors to report; 1) when a client appears to be a danger to self or others 2) when a minor is endangered by abuse or neglect; and 3) when information is lawfully subpoena by a court of law.

VI. Termination and Evaluation

Although you may end treatment at any time, notification to your therapist of your intention to terminate therapy is important. It is recommended that you have one last face to face termination session with your counselor.

At termination and Evaluation of Services and Practices form will be communicated to you. Your written comments will help us to evaluate our services to the community. Your feedback is valuable and may be provided anonymously.

VII. General Consent to Treatment

I have read and understood the policies of CC&FRC as described in this guide. I agree to abide by them while in therapy at CC&FRC and do agree to being counseling including evaluation, treatment and referral. I further agree to pay for services at the agreed upon fee of \$ _____ per session.

_____	_____
Client (s) Signature (S)	Date
_____	_____
Therapist Signature	Date