

## Counseling and Diagnostic Center Policies

Please take a few moments to review the policies of Counseling and Diagnostic Center. We have created these policies so that we can maintain consistency and inform clients of various situations at the onset of treatment. Please initial each policy, indicated that you have read and understand the policy.

\_\_\_\_\_ **Policy A: Missed Appointment/Late Cancellations.** Your appointment time  
*initial* is reserved exclusively for you. If you fail to show up for a scheduled appointment or if you do not provide 24 hours notice, you *will* be charged \$60 per missed appointment/late cancellation.

\_\_\_\_\_ **Policy B: Financial Policy/Insurance Changes.** Clients are responsible for monitoring their  
*initial* own insurance benefits, such as co-pays, deductibles, insurance limits, etc. Clients agree to notify Counseling and Diagnostic Center whenever there is a change in insurance. If the client fails to do so and the service is not covered, the client assumes all financial responsibility. Payment is due at the time of service, and upon receipt of a bill. Initially this statement acknowledges that I have reviewed the Insurance Reimbursement policy provided in the CDC Information Packet.

\_\_\_\_\_ **Policy C: Consent to Provide Treatment.** I hereby provide my consent to  
*initial* Counseling and Diagnostic Center to provide psychological, counseling, and/or consulting services to me or my dependent. I verify that I have the right to provide such consent. I understand that I can withdraw my consent at any time with the provision of such in writing to the treatment provider(s). This consent will remain in effect until such time as I revoke it. By initialing this form you hereby authorize and consent to clinical services by means of assessment, evaluation, treatment recommendation, counseling and referral. You acknowledge that these services do not represent exact sciences and that no promises or guarantees have been made regarding their results. You further acknowledge the right to consent, or refuse consent, to comply with any recommended procedures or interventions.

\_\_\_\_\_ **Policy D: Articles of Confidentiality.** Counseling and Diagnostic Center provides services  
*initial* in compliance with all state and federal regulations governing confidentiality of Protected health Information (PHI). Clinical information will be released only with specific written authorization of the client or legal guardian, as HIPAA requires, except when required by law as in the following situations (a) court required release, (b) report of dependent abuse/neglect, (c) a clear and present danger to the safety and health of a client and /or others.

\_\_\_\_\_ **Policy E: Financial Policy.** Please be aware that all co-payment and deductibles are due at  
*initial* the time of service. In cases where fees are being paid out of pocket without insurance billing and/or where Counseling and Diagnostic Center and/or its providers are out of network, please refer to the information packet for a breakdown of all charges/fees. Please note that additional fees may be assessed for reports/letters to be written for clients as well as other documentation needed for court and/or other sources

**Client/Legal Guardian Signature:** I have read each of these policies and the General Information and Psychological Service Agreement packet provided. I realize that I am responsible for informing and making sure that anyone who accompanies me to the office also complies with these policies. By initialing each policy, and signing below I am indicating my agreement to follow the policies of Counseling and Diagnostic Center without deviation. I am also acknowledging that I have been provided with a copy of the privacy policies of Counseling and Diagnostic Center and the information packet. I agree to abide by the terms of the stated policies and procedures of Counseling and Diagnostic Center.

Signature of Client/Guardian Responsible: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Client: \_\_\_\_\_