

Client Name: _____ Age: _____

The Serenity Center, Inc.

Statement of Understanding

Client's Rights and Responsibilities/Informed Consent

TO BE SIGNED BY THE RESPONSIBLE PARTY FOR THE CLIENT

Program Description: The Serenity Center, Inc. is staffed by trained and experienced psychotherapists. Our staff's goal is to provide quality, caring and professional service to our clients and their family, regardless of the client's race, ethnic origin, religion, creed, gender, age disability status, or sexual orientation.

Client Rights

Confidentiality: Everything you say to your therapist is confidential and cannot be shared with anyone outside of this office with your permission. Your therapist cannot release any information about you with a signed consent for release of information, except in emergencies or when there is a court order, determination or law requiring the information be released. We may consult with a colleague about your case, generally without sharing information that identifies you personally. We may also provide specific information about you to a colleague providing services to you when I am not available. By my signature below, I agree not to hold The Serenity Center, Inc. liable for such disclosure.

Duty to Warn: Information about dangerous behaviors, including serious thoughts of hurting yourself or another person, as well as information about possible child abuse, is not confidential and will be reported by your therapist to the appropriate authorities to keep you and other people safe. Also, if you are referred to counseling by a court order, information about your treatment is not confidential and can be release to the court without your consent.

After Hour Emergencies: The Serenity Center, Inc. does not provide 24-hour coverage for client life threatening emergencies. If a life threatening emergency should arise after hours, you should call 911 or travel to your nearest emergency room. If you need to talk to a counselor urgently but the need is not life threatening, you may call the offices main number during and after office hours at 404-247-0344. If necessary, you may leave a message and a phone number and a therapist will return your call as soon as possible. **An after-hours crisis charge will apply to after-hours calls beyond 10 minutes at a rate of 2.50 a minute.**

Record-Keeping: I maintain a modest clinical record that includes information that we discuss. It may also include **texts, emails, and phone calls** that are about issues that we have discussed in sessions, discussions about a crisis you may be facing, and issues that are beyond discussing and setting up appointment times. You may see this record is you like.

Insurance Authorization: Authorization is granted by my signature below to The Serenity Center, Inc. to release to authorized representative of my insurance company, their agents or third party payers, confidential information including copies of records as these records may be requested or necessary for the completion of claim processing and/or authorizations for future treatment. I hereby release The Serenity Center, Inc. from all legal responsibility of liability that may arise from the release of such records.

Assignment of Insurance Benefits: My signature below authorizes payment directly to The Serenity Center, Inc. of the insurance benefits otherwise payable to me, but not to exceed the balance due of the charges for my treatment.

Your Dignity and Autonomy: You have the right to be treated competently, ethically and respectfully; to be informed about all aspects of your service; to ask questions about my approach and methods; to decline any advice I give; and bring any questions to concerns to my attention.

Terminating Services: You can stop seeing my at any time, with no obligation to me other than to pay for services that have already be provided and to give me adequate notice of a decision to cancel an appointment, as discussed

below. You are free to schedule as infrequently as you like, depending on your particular situation and needs. Except in rare and/or potentially dangerous circumstances, I leave it up to you to contact me to request an appointment. I generally don't call or write to follow up with you unless you have requested this from me. If I do not hear from you after a period of one month, I will close your case which will mean I am no longer responsible for your counseling.

I may make a decision to terminate treatment under certain circumstances, such as if I am not able to provide therapy that fits your specific needs, if you don't comply with the treatment goals we have established together, if you are not benefiting from our work together, if you don't pay your bill, if you become violent, abusive or litigious or if the therapy relationship is compromised in any way due to unforeseen circumstances. If I terminate services for you I will provide you an appropriate referral.

Social Media and Technology: I will not friend you or attempt to find you on Facebook, Twitter, Instagram, or any other social media platform. You have the right to privacy outside of our sessions.

CLIENT RESPONSIBILITIES

Appointments: You are responsible for confirming and rescheduling your appointment date and time. I have the ability to send out reminders via email and text with your permission, but you are still responsible for making sure you are aware of your next appointment day and time.

24 Hour Cancellation Policy: 24 hour notice is required for all cancellations, since your therapist reserves time for you when you schedule an appointment. If you do not cancel 24 hours in advance or forget your appointment time, you will be charged a **\$50.00 late cancellation/no show fee.** Insurance does not cover this charge. **Please note:** you may leave a message on voice mail during or after business hours and on weekends to cancel an appointment. If your therapist has to cancel the appointment without 24 hour notice, your account will be credited \$50.00. Please call even if you cannot give 24-hour notice as soon as you can because we may have people who are waiting on an appointment to see us that day. You will not be charged if the appointment can be filled.

Fee Payment: You are responsible for paying your session fee or co-payments and deductibles at the time of your appointment, unless other payment arrangements have been made with your therapist. Billed balances are due upon request for payment.

Collection of Delinquent Accounts: A delinquent balance will be cause for your account to be classified as a bad debt and forwarded to a collection or legal agency for immediate action. Any charges incurred by The Serenity Center, Inc. for the collection of the delinquent balance will be your responsibility. In the case of a court order, determination, or law requiring the account information to be released, my signature below state that I agree not to hold The Serenity Center, Inc. liable for such disclosures.

Returned Check Charges: Your account will be charged a \$35.00 returned check fee for NSF checks. This fee and the outstanding balance will be due upon request.

Insurance Filing: You are responsible for understanding your insurance benefits and contacting your insurance carrier when requested. The collection of benefits or any other arrangement regarding third party payment is the responsibility of the client or legal guardian. You are responsible for notifying our office of any change in your insurance prior to your next scheduled appointment, and verifying pre-certification requirements and any deductible you may be responsible for before the insurance begins to pay for sessions. Otherwise, you will be required to pay in full for your visit at the time of the appointment. Adjustment to your account will be based on insurance EOB's (explanation of benefits) for date of service after filing. You are also responsible for notifying our office of any change in your address, telephone number, employment information prior to your next appointment.

Benefits and Risk of Treatment: There are no guarantees that any or all of your problems will be remedied by working with me. You may experience stress, strained relationships, or other difficulties as a result of our work together. At times therapy requires the sharing of painful feelings and thoughts. You may experience anxiety as you face major life decisions. For couples, there is no guarantee that therapy will ensure the continuation of the

relationship. There are many benefits to therapy that have been established by scientific research as well as by clinical experience. My philosophy is generally optimistic and hopeful. When your agenda is one of healing and problem solving, there is usually something that has not been tried to will be helpful, even if you have consulted less that successful with other therapist. If your agenda is to control someone else, to collect evidence for court proceedings, to seek revenge, to prove someone else is wrong, to remain a victim, or to pursue other non-healing goals, positive change is difficult, if not impossible to achieve. Sometimes therapy can generate strong feelings toward the therapist – angry, fearful or even sexual feelings. It is my job to contain these feelings in such a way that you feel safe in the therapeutic relationship. Such feelings can be a normal part of longer term psychotherapy and can actually help you shed old pains from the past as you re-experience them in a safe, current environment. While I may feel strong feelings with you, I will not act on these feelings in any way that could be destructive to your therapy experience

Social Media and Technology: You may text me, email me or call me to confirm appointments and cancel appointments. If you want to discuss issues outside of appointments, these conversations will become a part of your record and I may ask that you come in for an appointment to discuss those issues in person to protect your privacy and confidentiality. It is your responsibility to realize that some platforms that you use to communicate with me may not be fully secure and will leave your information and discussions open for others to see, even if you want to keep if private. I do maintain a personal Facebook, Twitter, and Instagram page. However, I will not friend you if you request that on those platforms or any other social media platform. I do this to maintain appropriate client/therapist boundaries and maintain your confidentiality. I do maintain a professional page on Facebook that you can like and find helpful therapeutic information.

My signature below indicates that I have been informed of my rights and responsibilities, and that I understand this information. I understand that it is my sole responsibility to request clarification or additional information concerning my rights and responsibilities.

Signature of Client(s)/Parent/Legal Guardian/Other

Date

Address: _____

State: _____ Zip: _____ Telephone: _____

____ I would like a copy

____ I decline a copy

