

**INTRODUCTION TO OUR
COUNSELING AND PSYCHOTHERAPY SERVICES
AND
CONSENT TO TREATMENT**
(Revised 01/2014)



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We have developed this introduction to provide you with the most essential and necessary information regarding our office procedures and policies. Please read this guide carefully. If you have further questions or concerns, please feel free to discuss them during your scheduled appointment.

Services Offered

We will recommend services specifically designed to help you. The services may include individual, marital, family or group counseling or psychotherapy and psychological testing. If it appears that you may benefit from medication and you are desirous of a referral for medication, we will facilitate this process. Your family physician or a psychiatrist can evaluate your need for medication and provide appropriate check-up appointments to monitor your response to the medication.

Office Charges

For cost of services, please refer to our "Fees and Payment Policies."

Health Care Insurance

Most health insurance policies cover office visits with a licensed psychologist or counselor. Some insurance policies permit you to choose your provider and other policies restrict your choice to their limited network of providers. We suggest that you acquaint yourself with your policy's benefits as to what is or is not covered.

We are preferred providers in the Blue Cross/Blue Shield network of companies (except in the case of restrictive HMO/EPO plans) and are also eligible providers for Medicare and TriCare. If your insurance coverage is through any of these companies, we will submit your claims for you with no additional charge. If our services are not "in network" with your insurer, we will submit your claims and assess a monthly submission fee.

Confidentiality

Psychotherapy and counseling relationships are most effective when built upon a foundation of trust. Because trust is so important, everything that you share with your psychotherapist will remain confidential. Your psychotherapist is required by law to make exceptions to a pledge of confidentiality in the event of immediate danger to yourself or another and in other rare circumstances regulated by the Mental Health Procedure Act. A listing of these circumstances is available upon request.

Appointments

Long-term patients will be given a regular *full* appointment time, which will be reserved for them on a weekly or bi-weekly basis. Patients are responsible to keep and pay for their regular appointments. *Missed appointments are charged the full appointment fee.*

Cancellations

Cancellations interrupt and at times impede progress in treatment. We will accommodate patients in the event of illness, inclement weather, vacations, and/or extenuating circumstances. *Phone appointments are encouraged when in-person appointments are not possible.* When necessary and pre-arranged, an

alternate appointment time within the same week can be scheduled, if available. Patients are financially responsible for appointments cancelled with less than 24 hours' notice. When foreseen, notice of cancellation is requested 72 hours before the scheduled appointment.

Office Hours

Daytime and evening appointments are scheduled on Monday – Thursday. Our office manager is present Monday and Thursday mornings and is available to answer calls concerning billing and insurance issues.

Contact Information

We do not correspond via internet regarding any therapeutic issues including scheduling/rescheduling appointments and referrals. Calls to the office are returned within 24 hours Monday – Thursday and in most cases within 48 hours on weekends.

Holidays

We do not schedule appointments on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. We will have regular hours on all other holidays except for an abbreviated schedule on Christmas Eve and New Year's Eve.

Courtroom and Other Legal Testimony

In order to provide the most effective and confidential services, and to avoid unethical dual relationships, your psychotherapist will not be a witness on your behalf in courtroom proceedings or in deposition or discovery.

Emergencies

Emergencies are events in which your life or someone else's life is in danger. Emergencies are medical crises which require immediate medical attention. In the event of an emergency, contact your physician, hospital emergency room, community crisis line, or 911.

Urgent Situations

During the course of counseling or psychotherapy, urgent situations sometimes arise between appointment times. Urgent situations can rarely be remedied by phone conversation. In these situations, additional appointments may be recommended. Active patients are given 24 hour after-hours contact information.

Professional Consultation

We welcome your requests for us to confer with your physician or clergy. You will be asked to give your written permission for us to network with other professionals also involved in your care. We will honor your requests to limit the scope of our disclosure of your confidential information during such consults.

Spiritual Issues

Many people understand their spirituality and/or faith and trust in God as the pivotal factor in resolving life challenges. If requested, we will seek to understand your unique spirituality and include this understanding in your counseling or psychotherapy process.

We hope this introduction to our services has been helpful. Again, we invite your further questions during your scheduled appointment.

BROOKHAVEN CENTER IS PERMITTED TO RELEASE ANY RECORDS AND FILES IT HAS CONCERNING ME WITHOUT MY PRIOR WRITTEN CONSENT, TO THE FOLLOWING PERSON, AGENCIES, AND ENTITIES:

1. To any staff member of Brookhaven Center or consultant to Brookhaven Center involved in my treatment.
2. To any insurance company, governmental agency, or other person who may be paying for my treatment. When information is released for payment purposes, it will be limited to staff names, dates, types and costs of therapy and services, and a short description of the general purpose of each treatment session or service provided.
3. To a Court or Mental Health Review Officer in the course of investigations and reviews that are permitted by the Mental Health Procedures Act.
4. In response to a Court Order or subpoena of documents.
5. All Department of Public Welfare personnel, when they are authorized to review such records under appropriate regulations.
6. To any appropriate person if there is an emergency medical situation in which information is necessary to prevent the serious risk of bodily harm or death, but only to the extent relevant to an emergency.
7. To parents or guardians or other appropriate people if and when necessary to obtain consent to medical treatment.
8. To an attorney assigned to represent me, should I become involved in a commitment hearing.

The information provided to the various persons, agencies and entities above will be limited to those records that are relevant and necessary to the purpose for which the information is requested.

CONSENT TO TREATMENT

I have read pages 1 – 3 of this "Introduction to... Services (*Revised January 2014*)" and have received a copy of this Introduction. I understand that treatment may include psychological testing, evaluation, diagnosis and psychotherapy or counseling. I agree that a provider of services at Brookhaven Center has explained the nature and types of treatment that may be provided. I understand that I have the right to terminate treatment at any time, and that I am responsible for payment in full of services received, *missed appointments* and on-time arrival for each scheduled appointment.

I also understand that treatment may be interrupted when balances on my account exceed 45 days. I understand that no promises have been made to me regarding results of treatment and procedures provided by the psychotherapist. I understand that I am responsible for timely cancelling of an appointment. I agree to cancel/reschedule appointments 72 hours (3 days) in advance of the appointment and to pay for *missed regularly scheduled appointments, and all* appointments cancelled with less than 24 hours' notice.

Finally, I understand that all personal health information concerning my treatment at Brookhaven Center will be kept confidential, and will not be released or disclosed to anyone without my written consent. However, I also agree and recognize that there may be certain instances in which my prior written consent may not be appropriate. Those situations are detailed by regulations adopted under the Mental Health Procedures Act.

My (*our*) signature below attests to my (*our*) acceptance of the described treatment policies and procedures outlined on pages 1 – 3 of the "Introduction to Services."

Signature

Signature

Date

OFFICE COPY