

Brain Health Center

3100 Route 138 West

Building 2

Wall, New Jersey 07719

848-404-9111 (phone)

848-404-9110 (fax)

CONSENT FOR SERVICES

Welcome to the Brian Health Center. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. Your counselor can discuss any questions you have when you sign them or at any time in the future.

COUNSELING AND PSYCHOTHERAPY SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your counselor has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because counseling often requires discussing the unpleasant aspects of your life. However counseling has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first several sessions, while addressing the issues that brought you to counseling, will also involve a comprehensive evaluation of your needs. By the end of this evaluation, your counselor will be able to offer you some recommendations for how counseling might be most beneficial and a plan for treatment. If you have questions about the counseling procedures, you should discuss them with the counselor whenever they arise. Your consent for treatment is on-going, that is if you or the counselor determine that it is not in your best interest to continue counseling, the agreement can be terminated. In such a case, the counselor will provide you with appropriate referrals.

APPOINTMENTS

The duration and frequency of counseling appointments is determined by the need of the client as assessed by the counselor. The time scheduled for your appointment is assigned to you and you alone (once you have made an appointment, others are denied access to that time).

Sometimes scheduling changes are unavoidable. Therefore, if you need to cancel or reschedule a session, it is important that you provide notice at least 24 hours in advance. A pattern of missed appointments may require indicate that counseling is not productive at this time and may be indicative of the need for counseling to end.

If you miss a session without canceling, or cancel with less than 24 hour notice, there is a \$75.00 missed appointment fee payable prior to the next session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for fee as described above.

In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for the initial intake is \$150.00 and each subsequent session is \$125.00. You are responsible for payment at the time of your session unless prior arrangements have been made. Payment must be made by check or cash; Brian Health Center does not accept credit cards. Returned checks are subject to an additional fee of \$25.00. If you refuse to pay your debt, Brain Health Center reserves the right to terminate counseling and to use an attorney or collection agency to secure payment.

Other fees may apply for specific services such as: testing, neurofeedback, brain mapping, etc. In such cases these fees will be fully explained prior to the provision of such services.

In the event that you need professional services beyond your appointment (third party reports, consultations, attendance at meetings, appearance in court, etc.) the hourly rate of \$160 will apply and be pro-rated on fifteen minute intervals. The costs are not reimbursable by health insurance. If you anticipate becoming involved in a court case, it is recommended that you discuss this fully with your counselor before you waive your right to confidentiality. If a legal case requires the counselor's participation, you will be expected to pay for the professional time required even if another party compels the counselor to testify.

INSURANCE

If you are using your health insurance, please be advised that deductibles, co-payment, co-insurance, out-of-pocket maximums and covered services are established between the insured and insurer.

In order for you and your counselor to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If the counselor or Brain Health Center is listed as an in-network provider with your insurance

company, we will process your insurance forms and accept the contracted rate for services. You will be responsible for payment of your deductible, co-payment, and/or co-insurance and payment for any services which are not covered by your plan. If referrals/authorizations are required by your insurance company it is your responsibility to get them.

Some health care plans are limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some plans will not allow a counselor to provide services to you once your benefits end. If this is the case, you and your counselor will discuss options.

You should also be aware that most insurance companies require you to authorize the counselor to provide them with a clinical diagnosis. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-5, and are classified by the World Health Organization in the International Classification of Diseases. You have a right to understand the diagnosis and your counselor will explain it. Sometimes the counselor will have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and your health history and will probably be stored in a computer. All insurance companies claim to keep such information confidential, although they may share the information with a national medical information databank. The counselor will provide you with a copy of any report if you request it. By signing this Agreement, you agree that such requested information can be provided to your carrier if you plan to pay with insurance. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

If the counselor is not a participating provider for your insurance plan, you will receive a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

PROFESSIONAL RECORDS

Counselors are required to keep appropriate records of the services they provide. Your records are maintained in a secure location. Your record contains information such as your attendance, your reasons for seeking therapy, the goals and progress set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that would pose a danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available a third party upon written request.

CONFIDENTIALITY

The policies of Brain Health Center about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices which you have signed. There is a copy of that document on the website and you have discussed those issues with your counselor. Please remember that you may reopen the conversation at any time during counseling.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see the Notice of Privacy Practices for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING YOUR COUNSELOR

Your counselor is often not immediately available by telephone. Your counselor will provide you with his/her cell phone number which accepts both voice and text messages for direct communication. However, please note that the counselor may not always be available, so in the case of emergency, if you cannot reach your counselor, please call 911. If you are using an online instrument provided by the counselor for progress monitoring, please be aware that it may not be monitored regularly, so do not assume it is direct communication with the counselor.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, we hope you will talk with the counselor. Such comments will be taken seriously and handled with care and respect. You may also request to be referred to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about the counselor's specific training and experience. The counselors of Brain Health Center are members of the American Mental Health Counselors Association and are licensed by the State of New Jersey and they abide by the ethical principles and statutes pertaining thereto.

