



367 Riverside Dr. Suite 117, Franklin, TN 37064

Counseling Center Policies

Welcome to our counseling ministry! We are pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making informed decisions concerning our services. Please ask questions at any time.

Appointments:

Services are by appointment only. The length of the appointment varies on the basis of services provided. Individual therapy is generally for 45 to 50 minutes, and this is known as the "clinical hour". Because the appointment is reserved for you, it is necessary to charge your regular fee for appointments which are not canceled 24 hours in advance. Failure to provide a 24 hour notice of cancellation generally means that some other person is not able to use that appointment time.

INITIAL HERE _____ **DATE** _____

Messages:

As we work together, you will notice that I do not accept phone calls while I am with clients. During those times and at other times during the day or evening, my calls are answered electronically. I check for messages frequently during the day, and am able to return 90 to 95 percent of calls the same day. If I anticipate that greater availability is necessary from me to adequately meet your needs, special arrangements can be made for additional services. If you are in crisis and I have left for the day, please call the crisis hotline at **244-7444**.

Counseling:

I expect and encourage you to obtain knowledge of the process, goals and possible side effects of the counseling. I expect to make our counseling give you the maximum benefit, and I will also keep you informed about alternatives to counseling. Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking, calling into question some or even many of your beliefs and values. As your counselor, I will be available to discuss any of your assumptions, problems or possible negative side effects of our work together.

Infrequently, a patient's distress remains or becomes so high that hospitalization or the use of medication must be considered. I am not a physician and consequently do not prescribe medication; however, at times I may encourage you to consider hospitalization. In cases where hospitalization and/or medication may be required, this will be discussed in advance with you and if necessary, with other responsible parties. I work with several psychiatrists in

the area, and I often collaborate on the issues of medication, hospitalization and second opinions; in this way your needs are better served.

Client Rights:

At any time you may question and/or refuse my counseling or diagnostic procedures or methods, or gain whatever information you wish to know about the process and course of the counseling. My clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require:

- 1.) That I notify relevant others if I judge that a client has any intention to harm either themselves or another individual
- 2.) Report any incident of suspected child abuse, neglect, or molestation in order to protect the child or children involved.
- 3.) That in legal cases, I or my records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where in my judgment the maintenance of confidentiality is, in fact, destructive to you, I will inform you of my concern, and you will have the final decision as to whether or not I maintain confidentiality.

INITIAL HERE _____ ***DATE*** _____

When needed, you will be asked to sign a "Consent for Release of Confidential Information" form which will allow me to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what I have permission to discuss by writing these instructions on the release form.

Termination:

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. I request that if a decision to terminate is being made, that there be a minimum of a seven day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time.

Clients Who Are Dependents:

If you are requesting my services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your child's counselor, it is important that your child be able to completely trust me. As such, I keep confidential what your child says in the same way that I keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of my activities and progress with your child, and I must use our discretion as to what is an appropriate disclosure. In general, I will not release specific information that the child provides to me; however, I feel it is appropriate to discuss your child's progress in broader terms and value your participation in their counseling experience.

Fees:

The standard fee for a one-hour counseling session with Rebecca Griffith is \$135.00.

Our charges are based on a 45 to 50 minute counseling hour. The fee also includes my time on your behalf, including record keeping and preparation. I ask that you pay for services at the time of the session, unless other arrangements have been made in advance. I will

request that you submit your payment at the beginning of the session so that our entire time may be spent attending to your concerns. Payment can be made by check, credit or debit card or money order. Any checks returned unpaid will be collected and assessed a minimum fee of 20.00 Electronic collection efforts will be handled by eCard Transactions, a company powered by eCashflow Services.

Insurance:

If you have a health insurance plan, your visits may be reimbursed by your insurance company. Depending on the parameters of your insurance policy and nature of your counseling issues, your counseling fees may or may not be covered. If you are expecting to be reimbursed by your insurance carrier, please be sure to discuss this thoroughly with me during the initial session. Since you have a contract with your health insurance carrier, it has been my experience that they are more responsive to you, the insured, than to me, the provider. Therefore, I prefer you file your own claims, but will be glad to assist you with any part that involves me. Insurance forms that require information from me must first be completely filled out in all of the appropriate places by you. I will then complete my section. Your insurance company probably requires diagnostic and treatment information before reimbursing you. I will release that information to them with your written permission. If you wish, I will be happy to discuss with you the "diagnosis" that we are releasing to your insurance carrier. While a client's diagnosis is very sensitive information and is generally treated as such by insurance carriers, I cannot guarantee how any particular insurance carrier or employer respects this information. If you prefer that I not release information to your insurance carrier for reimbursement purposes, or if your insurance carrier fails to reimburse you in a manner which you expect, you will remain responsible to the fee for services.

Again, welcome and I look forward to our work together, and anticipate that it will be a very blessed and beneficial process for both you and us.

INITIAL HERE _____ DATE _____

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