

## PATIENT POLICIES & PROCEDURES & ORIENTATION TO CENTER

Thank you for choosing Heritage Counseling Center for your counseling needs. We are committed to giving you the best care possible. To acquaint you further with the procedures & policies of our center, we are providing the following information.

**Locations of Interest:** There are restrooms available down the main hallway of the building on your right.

**Children:** Children age 12 or younger are not allowed to be left unattended at anytime.

**Appointments:** If you need to cancel an appointment, a minimum of 36 hours notice is required, otherwise, you are subject to full charge for the missed appointment. When the office is closed, you may leave a v-mail, which will accurately record the date and time you called. Our staff will do their best to be punctual for your appointment unless they have an emergency; we ask that you be punctual as well. If you are late for any reason, you will receive the remainder of your scheduled time only in order to keep other patient appointments on schedule.

**Emergencies:** During regular office hours if you call and leave a v-mail for your therapist, he/she will call at his/her earliest availability. For emergencies requiring immediate assistance, please call your local emergency providers. To leave a message for your Heritage Counseling Center provider, call his/her regular daytime phone number.

**Financial Responsibility:** You are fully responsible for all services provided. Full payment, co-payment, and/or deductible amounts are expected at the time of service. Payment may be made by cash, personal check or money order, (payable to Heritage Counseling Center, Inc.) or Visa, Mastercard or Discover cards. There is a \$25.00 service charge for personal checks returned for any reason. If you have any questions regarding your account, you should speak directly with your therapist. PLEASE NOTE: Billing processes may include a monthly statement, phone call or correspondence regarding the patient due portion of the account balance. Statements, phone calls and correspondence will be addressed to the patient/guarantor address or phone number listed on the Face Sheet. If any of these business office procedures present a problem to you or your treatment, please discuss your concern with your therapist.

**Insurance Billing:** Heritage Counseling Center does not routinely bill insurance unless the Heritage Counseling Center provider is contracted with your insurance plan and benefits have been verified before your visit. For non-contracted insurance plans, payment is required in full at the time of service and you may seek reimbursement directly from your insurance carrier using the receipt provided. For contracted insurance plans, your benefits will be verified and your responsibility as quoted by your insurance representative will be reviewed with you prior to your appointment. You are responsible only for any co-payment, deductible and non-covered service as determined by your insurance carrier. We will submit all appropriate claim forms to your carrier for reimbursement. You are responsible for notifying us immediately of any change in your insurance plan or coverage. **Insurance company quoted benefits are not a guarantee of payment.** Any appointment prior to notifying this office of insurance benefits will be the responsibility of the client.

**Confidentiality:** Your patient records are the property of Heritage Counseling Center and shall be treated as confidential. To insure quality record maintenance and patient confidentiality, Heritage Counseling Center will conduct routine patient record audits. To comply with state and federal laws regarding patient confidentiality, your records will not be released without the properly executed written consent. Everything about your care will be held in strictest confidence (with the exception of those situations which we are required by law to report such as suspected or reported child abuse, threat to harm self or another, etc.). If you choose to have your counselor keep a third party (such as a pastor, doctor or family member) informed of your progress while in treatment at Heritage Counseling Center, it will be necessary to complete a release form which will be kept on file.

**BEFORE TREATMENT CAN BE PROVIDED,** please sign below showing that you read and understand the above information. A copy of this consent can be requested for your records. Your consent can be revoked with written notice at any time for future treatment.

X

\_\_\_\_\_  
Patient/Guardian Signature

X

\_\_\_\_\_  
Date

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