



BETHANY COUNSELING CENTER

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BETHANY, OK 73008
(405) 603-3265

CONSENT FOR TREATMENT AND OFFICE POLICIES

Welcome to our practice. This form includes important information about our professional services and business policies. Please read the entire document carefully and feel free to discuss any questions or concerns you may have with your therapist. Once you have reviewed the policy and your questions have been answered to your satisfaction, you will sign the document at the bottom. The signed document constitutes a binding agreement between us.

Please remember that your participation in these services is voluntary. You may withdraw at any time.

COUNSELING SERVICES/SUPERVISION OF LICENSURE SERVICES

Each licensed behavioral health professional at Bethany Counseling Center operates under his or her own individual license. The Clinical Social Worker licensure is governed and regulated by the Oklahoma State Board of Licensed Social Workers. The Licensed Professional Counselor licensure is governed and regulated by the State Board of Behavioral Health. Please feel free to contact the Board to discuss or inquire into any ethical or licensing issues that we cannot answer or that you may feel uncomfortable discussing with your therapist.

CONFIDENTIALITY

All information is kept strictly confidential. This practice adheres to HIPAA regulations in the disclosure of privacy information. Information will not be released to another person or agency without your prior consent. Your protection and the limitations of confidentiality will be discussed with you during the initial session. Please discuss any questions or concerns about the confidentiality of your information with your therapist.

There are certain exceptions to your privacy and confidentiality which are bound by law. These laws are designed to provide safety to you and those around you. These exceptions are as follows:

1. In Oklahoma, if a client communicates a serious threat to physically harm an identifiable person(s), We have a duty to warn that person(s) and the appropriate authorities.
2. In Oklahoma, We are also required to report any suspicions of abuse or neglect to a child or vulnerable adult. This requirement can be found in Oklahoma Law under Title 10 and Title 43.

SESSIONS

Sessions last approximately 45-55 minutes long. In an attempt to meet your scheduling needs, the office schedules appointments Monday through Saturday from 9:00 a.m. to 8:00 p.m. Appointments are available in the day and evening times. We will discuss progress and goals during the session. In order to accomplish these goals, it is important that you complete any discussed work outside of the session as well. These assignments should be taken seriously as they are important to receiving maximum benefit from your sessions.



CONSENT FOR TREATMENT AND OFFICE POLICIES CONTINUED

PROFESSIONAL FEES

The charge for one session starts at \$145.00 and varies according to the therapy. Financial arrangements will need to be worked out before your session begins. Co-pays and cash payments are required in full at the time of each session. Please prepare payment before the session rather than after. If you do not have insurance coverage or choose not to use such coverage, cash discounts may be available. Again, if payment is made in cash, this payment is required at the time of the session. Delinquent accounts may be sent to a collections agency. You will be responsible for any collection, court, or attorney fees required to collect outstanding balances on delinquent accounts.

Additional services such as phone calls which exceed 10 minutes, letters, reports, conferences, or consultations will be charged on a pro-rated basis. The hourly fee is \$165. Since insurance will not reimburse for these services, the full fee will be your responsibility and is due at the time the service is rendered.

INSURANCE BILLING

Bethany Counseling Center will take care of billing your insurance company, but it is your responsibility to provide the correct insurance information. Please advise us of any changes in your coverage. You are responsible for deductibles, co-pays, and any other charges the insurance company does not cover. Our contract for payment is with you, the client, and not the insurance company. This makes you ultimately responsible for the session's bill. The only exception to this is for clients with active Soonercare coverage. Oklahoma law does not allow for collection of any charges outside Medicaid's reimbursable rate for a session.

Please feel free to contact either your therapist or a representative at Bethany Counseling Center with any questions related to your insurance.

CANCELLATION

If you need to cancel for any reason, please contact the office at least 24 hours prior to any session you cannot attend. There will be a \$50 cancellation fee after this time frame. Any missed appointments will be billed at the full session charge. Insurance cannot be billed for these sessions; therefore, you will be responsible for this payment prior to scheduling your next session.

CONTACT INFORMATION

Please contact your therapist at the main office number. Please use this number to contact us with any questions related to scheduling or billing. If there is no answer, please leave your name and call-back number. Phone calls will be returned within one business day. In case of an emergency, please contact 911 or proceed to your nearest Emergency Room. Your therapist will discuss their policy regarding contacting them on an emergency basis. If you have an urgent need, please indicate that this is an emergent need on the voice-mail. In the case of an emergency, we will return your call as soon as we are able to.



CONSENT FOR TREATMENT AND OFFICE POLICIES CONTINUED

These office policies have been developed in an effort to answer questions that you may have, and to inform you in advance of areas which may be of concern to you. If you have any questions concerning these policies, please feel free to discuss these with me.

- I am giving my consent to receive text messages from any of the providers located at Bethany Counseling Center for the purpose of scheduling appointments.
- I give consent for any of the providers/staff at Bethany Counseling Center to leave a voice message for me on my home or cellular number listed on the Patient Demographics.

CONSENT FOR TREATMENT

I have read this document carefully. I understand the information provided in this document. I have been given an opportunity to ask any questions that I may have and these questions have been answered to my satisfaction. My signature indicates that I agree to the terms of the document and give my consent to receiving services from therapists at Bethany Counseling Center. My signature also indicates that a copy of the "Office and Building Policies" has been shared with me and that I agree to abide by those policies.

I hereby authorize Bethany Counseling Center to release any and all medical records necessary to file with my insurance company for reimbursement. I also release Bethany Counseling Center and my therapist listed above from any liability in releasing this information.

Client's Name (Please print the client's full name here)

Client's Signature

Date

Guardian's Name if Applicable (Please print)

Relationship of Guardian to Client

Guardian's Signature

Date

I have reviewed this document with my client. I have given my client the opportunity to ask any questions that they may have and have addressed any questions or concerns that they presented.

Therapist

Date