

THE RENAISSANCE CENTER COUNSELING AND FINANCIAL/SCHEDULING POLICY AGREEMENT



6665 Security Blvd. Woodlawn, MD 21207
410-265-7291 Phone/ 410-265-7294 Fax

Professional/Pastoral Counseling

Professional and Pastoral counseling is intended to encourage mental, emotional and spiritual growth in a person's life. The counselor is trained to listen, support, clarify and assist the client in goal setting and alleviation of distress brought on by the presenting problem. A termination appointment is requested to bring closure to counseling.

Counseling Staff

Counselors are licensed in the State of Maryland, certified, in the process of being licensed/certified, or are counseling interns/students enrolled in an accredited masters program in counseling.

Confidentiality

We endeavor to protect the confidentiality of all people receiving pastoral counseling. What you and your pastoral counselor discuss is not shared with anyone else, except possibly with a professional counselor for purposes of collaboration and supervision. In these instances, your circumstances will be discussed without using your name. These circumstances will be kept confidential with respect to all other persons outside of the supervision or collaboration. **Confidentiality cannot be guaranteed in group, family and marital counseling.**

If a client intends to take harmful, dangerous or criminal activity against another human being or himself/herself then it is our responsibility to warn appropriate persons of those intentions.

Legal Responsibility

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at The Renaissance Center or against any person who works for the center or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Counseling Precautions

Most clients report great benefit from pastoral counseling but there are few risks. Counseling may make clients experience negative feelings and they may recall unpleasant memories. Both in individual and group counseling the client may feel worse before he/she feels better. Marriage counseling has helped many couples experience increased marital satisfaction but counseling cannot eliminate the possibility of divorce.

**THE RENAISSANCE CENTER COUNSELING
AND
FINANCIAL/SCHEDULING POLICY AGREEMENT**

Financial:

- **Payment is expected at the time service is rendered.** If you choose to pay by check for counseling services, please be prepared to supply a form of ID, such as a driver's license.

For insurance payments:

- I/We understand that even though the Renaissance Center is billing my/our insurance that I/We are responsible for any balance that insurance does not cover.
- All balances on accounts will be collected from clients 90 days after insurance has been billed. This means that the Renaissance Center is giving your insurance company 90 days to pay the claim. The law states that it must be processed within 30 days of receipt.
- After 90 days, you are responsible to pay the Renaissance Center directly. We will give you a receipt, which you can use to try to get your insurance company to reimburse you.
- **I/We understand that by signing this form, I/We agree to pay the Renaissance Center any unpaid balance on my/our account in a prompt manner.**

Scheduling:

Normally our counselors schedule clients into a particular time slot, which is either a weekly or every other week time slot.

It is our policy to allow one cancellation for every two months that you occupy a particular spot. After that you lose your normal appointment time and will have to fit into another available slot.

- Note: Everything on this form pertains to keeping your normal spot. **If you cancel with less than 24 hours notice, the cancellation fee always applies.**

I, _____ have received and understand the above reference to my confidentiality/counseling rights and the financial/scheduling policy at The Renaissance Center. I further understand that this form and my signature are to become a permanent part of my record at The Renaissance Center.

Client Signature

DATE

Client Signature

DATE

Parent/Guardian Signature

DATE

Counselor Signature

DATE