



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

POLICIES AND PROCEDURES

Welcome to the Renaissance Christian Counseling Center. Please read all documents thoroughly and complete them where necessary, so that you are prepared to discuss any questions with your therapist during your first session.

1. RELEASE OF INFORMATION FORM

All information obtained/derived by the course of treatment is fully confidential; disclosures you share with your therapist are confidential unless you have SIGNED a consent form to release part or all of the information.

Therefore, to either release or obtain information from a specific individual or agency, a Release of Information must be obtained. Exceptions to this guideline include instances when 1) the patient is a clear danger to (a) themselves or (b) others, and 2) instances when the patient is a minor (under the age of 18) and reports that he or she is or has been a victim of physical or sexual abuse, and/or 3) there is any suspected abuse to a child or adult. Please sign and date all Release of Information documents.

In addition, cases are occasionally discussed by the center's professional staff to obtain feedback and provide alternative treatment plans and continuity of care (e.g. your therapist, if unlicensed, will discuss your case with his or her Clinical Supervisor). Your signature on this form will allow this process to proceed smoothly.

2. TELEPHONE CALLS

Occasionally the need to talk to your therapist may arise between normally scheduled sessions. It is difficult to conduct psychotherapy over the phone but your therapist will respond to your call during his or her normal business hours. If there is an emergency and a therapist or anyone at the Renaissance Center is unable to be reached, call 911 or go immediately to your local Emergency room.

3. LENGTH OF SESSION

The psychotherapy session is about 45-50 minutes in length beginning at our appointed time and concluding 45-50 minutes after (75 minute sessions may be prearranged with your therapist) at an additional charge. Therefore, it is to your benefit to arrive a few minutes in advance of the appointment time. Since your therapist has sessions scheduled after yours, **the sessions must end 45-50 minutes after the appointment time regardless of your arrival time** (full fee for the session will be charged).



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4. FEES AND PAYMENTS

All co-pays are due at the time of service. We accept VISA, MC and Cash. Personal checks are accepted, payable to THE RENAISSANCE CENTER, with a valid photo ID such as a driver's license. There is also a \$15.00 charge for letters to lawyers, schools, employer, etc. **A \$25.00 service charge will be levied on all checks returned by a bank for insufficient funds. Our current fee per session is between \$90 and \$110 per session.**

5. INSURANCE

We will gladly file insurance forms for you; however, **you are responsible for any amount not covered by your insurance for whatever reason.** We cannot accept responsibility for negotiating a settlement on a disputed claim.

If your insurance changes or is terminated: Please notify the Renaissance Center at 410-265-7291 and let the office staff know all of your new information and have them check out the benefits as the coverage is probably different than your old policy. **Please note that you are responsible for the entire fee if the insurance changes and you fail to notify us as this will result in the claim being denied from the insurance company.**

Cash-paying clients: Occasionally there are clients who pay out of pocket with a reduced fee due to the fact that it is not expected that insurance will pay. Sometimes the insurance does unexpectedly pay. When this happens, note that these insurance payments will be applied to your balance due to having a reduced fee. Any money still left after the Renaissance Center's fee has been totally paid, will be refunded to the client.

6. CANCELLATIONS AND MISSED APPOINTMENTS

When an appointment is scheduled, that time is reserved for you. If the appointment is missed or cancelled without sufficient notice, the therapist is unable to make use of that time. Please note that the reason for missing an appointment is not relevant to the cancellation fee being assessed. **This fee is assessed regardless of whether or not it is the client's "fault" that they missed.** The reason for this is that our counselors have reserved this time for the client. **Therefore, sessions must be cancelled 24 hours in advance or a cancellation fee of \$30 will be charged.**

We trust that your involvement within our Clinical System will be helpful and profitable to you. If you have any questions regarding these arrangements or other aspects of your relationship with us, please discuss them with your therapist or the Program Director.

This is to certify that I have read, understand, and have been given a copy of this document.

Patient's Signature _____ Date _____

Patient's Signature _____ Date _____