

# ELEVATE

## COUNSELING SERVICES, INC.

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**PH: 508-202-1811 FAX: 866-773-4171 Mailing address: 117 EASTMAN ST #102, SO. EASTON, MA 02375**

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### **Contained in this form: Client Rights and Responsibilities Client Attendance Policy Client information Guide**

#### **CLIENT RIGHTS AND RESPONSIBILITIES STATEMENT**

##### ***Statement of Client Rights:***

Clients have the right to:

- Be treated with dignity and respect.
- Fair treatment - regardless of race, religion, gender, ethnicity, age, disability, sexual orientation, or source of payment.
- Their treatment and other client information to be kept private. Only where permitted by law may records be released without client consent.
- Easy access to care in a timely fashion.
- Know about their treatment choices regardless of cost of coverage by the client's insurance plan.
- Share in development of their care.
- Information in a language that they can understand.
- A clear explanation of their condition and treatment options.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Client's Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider.
- Have provider decisions about their care made without regard to financial incentives.
- Request a copy of this, or any forms

##### ***Statement of Client Responsibilities:***

Clients have the responsibility to:

- Treat the provider giving care with dignity and respect.

- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by client and provider.
- Tell their provider and primary care physician about medication changes, including medications prescribed to them by others.
- Keep their appointments. Clients should call their providers as soon as they need to cancel visits.
- Let their provider know when the treatment plan isn't working for them.
- Let their provider know about problems paying fees.
- Report abuses and fraud.
- Openly report concerns about the quality of care they receive.

### **ATTENDANCE POLICY**

Attendance is expected for scheduled sessions unless alternative arrangements are discussed and agreed upon with my clinician. In the event that I am unable to attend a session, I am expected to give a 24 hour notice to cancel. In the event that I do not give a 24 hour notice or do not come in for an appointment, I will be billed a cancellation fee. The phone number to call to cancel is **508-202-1811 to leave a message directly with your provider. Listen for extensions.**

**The cancellation fee that I am agreeing to pay, in the event I do not give 24 hours notice or miss an appointment with no notice is \$85.00.** I understand this fee needs to be paid prior to my clinician at Elevate Counseling Services scheduling another appointment.

It is understood that even though my insurance company does not provide reimbursement for missed appointments, the attendance policy put forth by Elevate Counseling Services, Inc. has no exceptions. I understand that I can agree to utilization of a "card on file" to pay my fee or I will be mailed a statement for the fee along with a letter of explanation.

It is understood that if I do not cancel and fail to attend for an appointment more than twice during the course of treatment, I am giving the impression that I am no longer interested in counseling and my case may be closed.

I understand if my clinician is not a "good fit" for me, all of the Elevate Counseling staff encourages me to discuss this with my provider or the Director, Carrie Stone who can be reached at (508)-202-1811 ext 5.

I understand that this fee is subject to change.

### **CLIENT INFORMATION GUIDE**

I am a Licensed Mental Health provider employed by Elevate Counseling Services, Inc. In this practice all agreements are between the client and Elevate Counseling Services, Inc.

Appointments: Individual and family appointments are scheduled for 45 minute sessions. Group

therapy meets for either 50 minutes or 90 minutes. 30 minute appointments are available in special circumstances.

**Cancellations:** If you find it necessary to cancel an appointment, 24 hour notice is required in order to avoid being charged a cancellation fee for the session. (See attendance policy.) Please contact me as soon as you are aware that you will be unable to attend. Please save my contact information that I give you at our first session on your cell phone for ease of contact with me. If intake appointments are canceled with less than 24 hour notice, or are no-showed, Elevate Counseling Services will not reschedule your intake appointment.

**Hours of service:** Counseling is available by appointment only. In the case of a life threatening psychiatric emergency, please call 911 or go to your local emergency room. I am available for consultation with crisis intervention should such an emergency occur. Please give your crisis team my contact information and phone number to coordinate care.

**Insurance:** Insurance companies contract to pay a percentage of the total cost of psychological services. My office will accept those agreed upon rates and will work with those insurance companies I am credentialed with. Deductible figures are based on the contracted rates with your particular insurance company.

**Payment:** Per our policy clients are expected to maintain a zero balance at all times. Clients are responsible for any co-pays deductibles or co-insurance as well as claims that are denied by insurance due to a lapse in coverage or termination of coverage. When a balance is incurred it is the responsibility of the client to make payment arrangements. If a client does not respond to outreach from our Billing team to pay the balance or set up payment arrangements, your clinician will provide two sessions to properly terminate your care. You will be given a list of other providers in the area to continue treatment with.

**Confidentiality:** All information and records are kept confidential and in accordance with the American Counseling Association standards and Massachusetts law. General legal exceptions to confidentiality include: suicide, homicide, alleged child-abuse, alleged elder-abuse, and court-ordered testimony. Case consultation and review may occur when necessary. Your insurance company will also require some basic information about your diagnosis and treatment planning. Please discuss with me any concerns you may have in this area.

**I give my clinician, biller and Elevate Counseling Services, Inc. permission to share information necessary for pre-certification and billing purposes with the insurance company being billed for counseling services.**

**By signing this form I am agreeing to the terms and conditions set above. I have been informed of my rights and responsibilities and that I understand the information. I agree that Elevate Counseling Services may contact me via mail.**

**Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_**