

Cornerstone Counseling Center
6011 Jonestown Road, Harrisburg, PA 17112
(717) 671-9520 FAX (717)671-9524

Welcome! The following information is presented to you with the belief that a clear understanding of the business aspects of our relationship, at the onset, can greatly facilitate psychotherapy. Please read all documents thoroughly and complete them, where necessary, so that you are prepared to discuss any questions during your first session.

1. **CONFIDENTIALITY:** All information obtained in the course of our relationship is fully confidential; this means that what you discuss during your sessions, as well as all psychological testing results, etc. is confidential unless you have SIGNED a consent 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 include instances when 1) the patient is a clear danger to (a) themselves or (b) others and / or, 2) the patient is a minor (under the age of 18) and either reports, or it is suspected that s/he has been victim of physical or sexual abuse or neglect.
2. **EMERGENCIES:** In the event of an emergency, please call 717-743-5074 to reach the on-call therapist. Please leave your name and phone number for a return call. If you have not received a return call quickly enough, please call your local Crisis Intervention, 911, or visit the emergency room of your local hospital.
3. **TELEPHONE CALLS:** If it is necessary to speak to your therapist at a time other than your scheduled session, please call the office at 671-9520 and leave a message in the appropriate voice mailbox. If possible, your therapist will respond to your call during his/her normal business hours. Clients will incur a charge for any telephone consultation between scheduled sessions that is greater than 5 minutes in length.
4. **LENGTH OF SESSION:** Psychotherapy sessions can vary in length, depending on treatment needs. However, appointments usually last from 45 to 60 minutes. It is to your benefit to arrive a few minutes in advance of your scheduled time. Since other appointments are scheduled after yours, sessions must end on time, regardless of time of arrival.
5. **FEES AND PAYMENT:** The fee for a standard psychotherapy session is \$ _____. Even though your insurance company carrier may pay all or part of any psychotherapy or psychometric (testing) charges you incur, you are responsible for **payment at the time of each visit** (see 'Insurance' below). Outstanding balances are sent for legal collection after 30 days, therefore adding a \$50.00 fee to the total balance due. A \$25.00 charge will be levied on all checks returned by a bank for any reason.
6. **INSURANCE:** Insurance is not billed directly unless PRIOR ARRANGEMENT is made based on your insurance company's existing contractual relationship with this provider. It is your responsibility to determine the limits and scope of your insurance coverage. It is also your responsibility to obtain preapproval or precertification from your insurance carrier. Your weekly paid receipt is generally sufficient for proper claims handling by your carrier and one will be provided at each visit.
7. **CANCELLATIONS AND MISSED APPOINTMENTS:** When an appointment is scheduled, that time is reserved for you. If the appointment is missed or canceled without sufficient notice, this time is not able to be used. Therefore, sessions must be canceled a minimum of _____ hours in advance or the full fee for that session may be charged. Please note that most insurance carriers do not cover missed appointments.
8. **TERMINATION:** The ending of the therapeutic relationship is an important process and should be discussed during your regular session.
9. **YOUR RECORDS** will be kept by this office for a period of six (6) years after discharge, at which time they will be shredded.
10. For information regarding how we may use and disclose your Protected Health Information (PHI), please refer to your copy of "Notice of Private Practices" (NPP) or review the larger version located in the waiting room. The NPP also contains information regarding your rights to access or control your PHI.

We trust that your involvement with our practice will be helpful and profitable to you. If you have any questions regarding these arrangements or other aspects of our relationship, please discuss them during your regular visit.

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

Patient's Signature _____ Date: _____