



Welcome to The Calvary Experience! This document contains our office policies. If you have any questions, your advisor will gladly discuss them with you.

**Confidentiality** The Law protects the privacy of communication between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPPA. Your signature on this Agreement provides consent to the following activities.

- I may occasionally find it helpful to consult other health and/or mental health professionals about a case during a consultation, I make every effort to avoid revealing the identity of my client.

The other professionals are also legally bound to keep the information confidential.

- You should be aware that I practice with other professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All professionals are bound by the same rules of confidentiality. All staff members have been given

training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in, or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client, in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child has been abused, the law required that I file a report with DFACS. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has been abused, I am required to report that to the appropriate agency. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.



If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. Please feel free to discuss any concerns or questions you may have about confidentiality

**Appointments**

Each scheduled appointment is traditionally 45 minutes, unless specifically arranged by the advisor. Once an appointment is scheduled, it is your responsibility to keep track of the dates and times of the appointment. If you must cancel your appointment or need to reschedule, please phone the office at least 24 hours in advance of your scheduled appointment. A late cancellation fee will be billed to you for the time that was reserved for your appointment. This fee is typically 100% of the fee for the scheduled appointment and is not covered by insurance companies or Medicaid. We reserve the right to terminate future sessions with a client for failure to show up at two or more appointments. In case of emergencies and or hospitalizations, please discuss concerns with your advisor, as reducing/waiving this fee is at the discretion of the individual advisor.

**Professional Fees**

The hourly fees for services vary. Please speak to your individual advisor for details. We ask that your account be kept current and payments to be made at the conclusion of each session. We accept cash, check, Visa, or MasterCard. If your check is returned, you will be responsible to pay the original amount due plus a \$15 processing fee. Should the fee not be paid for two or more sessions, no further sessions will be scheduled until the balance is paid and/or payment arrangements have been made with your advisor. At the conclusion of non-traditional therapy, all outstanding fees must be paid upon termination.

**Telephone Calls** Please know that every call is important to us and we do our best to answer each call. If we are not able to answer your call immediately, please leave a voicemail with your name, number, and nature of the call, and we will return your call within the next business day. All providers participate in an on-call rotation for after-hours emergencies only.

Should you need to reach someone after the office is closed, you may call the provider on call at (843) 834-0133. The Calvary Experience main phone number will direct you to this number in an urgent situation. The provider on call will return your phone call and will give you clear instructions and respond to your needs appropriately.

***Phone calls beyond 10 minutes are subject to be prorated at the usual fee per session.***

**Consent** Your signature below indicates that you have read this agreement and consent to treatment by our providers under these terms and conditions. This agreement also serves as an acknowledgement that you understand that HIPPA privacy guidelines. If you would like a copy of this agreement, we will be glad to copy the signed form for you.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date