



SANCTUARY COUNSELING GROUP

1801 East Fifth Street Suite 110  
Charlotte, NC 28204-2472  
704.375.5354 / 704.375.3069 fax  
sanctuarycounselinggroup.org

**INFORMED CONSENT TO RECEIVE SERVICES**

I am the ----- patient ----- parent or legal guardian

**Pastoral Counseling Covenant**

Pastoral Counseling and psychotherapy are most helpful when they take place in a framework of trust, clarity, and understanding. This covenant is between SCG and you with your therapist being the direct provider of care as the representative of SCG. This covenant is intended to clarify and aid this relationship. Should you have any questions concerning this covenant, please discuss them with your therapist.

**Confidentiality**

**A copy of our Privacy Practices contains a complete explanation of confidentiality. It is included with this packet of documents.**

- Sanctuary Counseling Group (SCG) complies with HIPAA guidelines relevant to the delivery of all our services and your Patient Health Information (PHI) will be accessed only by your providers and by other SCG staff only to the extent that it is necessary to schedule, provide, record, and bill for services.
- PHI may be released if you are judged by a clinician to be a credible and imminent danger to yourself or others.
- If you choose to use insurance to help pay provider fees, some PHI will be released to the insurance company as required by that company.
- SCG may release PHI if it is subpoenaed properly under applicable state or federal rules.
- SCG clinicians meet weekly to discuss our clinical work. When clinical work is presented, all identifying data of the patient is disguised to protect confidentiality.
- Some PHI may be used for research, training, grant applications, or in professional journal articles or presentations. In these cases, PHI is altered to thoroughly disguise the patient.
- In accordance with federal regulations, we are required to make and keep a copy of your driver's license and health insurance card at the time of your first visit to make certain that your identity is protected.

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**Ethics**

- Your provider is required by law to adhere to a code of ethic governing conduct for his/her particular discipline. A copy of the code applicable to your provider is available upon your request.

### Clinical Processes and Disclosures

- **Clinical Emergencies:** It is not always possible for your provider or another SCG provider to respond to you in an emergency situation. If you cannot reach your therapist and experiencing an emergency, you are to call 911 or proceed to your nearest hospital Emergency Room.
- **Risks Associated with Treatment:** In the course of receiving services, additional psychological material may surface which increases your level of distress for some period of time.
- **Treatment Outcomes:** While the services provided by SCG are intended to benefit the patient, no particular treatment outcomes can be guaranteed.
- **Right to Discontinue Treatment:** You have the right to discontinue treatment at any time. We recommend, however, that you discuss these plans with your provider before making the decision to terminate.
- **Complaints/Concerns:** If you have complaints or concerns about the services being provided to you, please contact our Executive Director, Dr. John V. Arey, Jr., at 704.375.5354 x-303

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### Child Care

- SCG cannot provide child care. If a child is not part of a scheduled counseling session and there is not an adult to care for the child, the provider may cancel the session and you will be responsible for the fee for the canceled session.

### Financial Policies

Fee for a 50-60 minute session with an SCG provider is \$125.00 with the fee for the initial intake visit being \$150.00.

- **Payment is due at the time of service.** We ask that you leave your credit card information (Visa or Mastercard) on file for automatic payment by completing the form included in our documents. Otherwise, you may pay on the day of service by cash or check.
- **Missed Appointment//Late Cancellations:** You may be responsible for the full fee (\$125) for any session cancelled less than 24 hours in advance. Missed or cancelled appointments cannot be charged to insurance and are your responsibility. This may be discussed with your therapist should there be special circumstances.
- **Returned Checks:** If a check is returned on your account for NSF, we will no longer accept checks from you. Payments on the day of service must be made by cash or a credit card provided.
- **Delinquent Accounts:** If you are repeatedly delinquent in paying for services provided to you, you will be required to pay in advance for further services. Extended delinquency hinders our ability to provide services at a competitive rate.
- **Divorced or Separated Parents:** Please in make arrangements in advance for who will be responsible for your child's charges. We ask that a credit card be placed on file from each parent and the therapist will designate which card to be charge for each session.

Should you desire to utilize your personal healthcare insurance, we will be happy to file on behalf your primary insurance. PLEASE NOTE THAT WE ARE NOT MEDICARE NOR MEDICAID PROVIDERS. Insurers require that we charge our regular fee, and you will be responsible for your copay amount, again payable at time of service. In some cases, a deductible amount may apply, in which case you will be responsible for that amount until it has been met; at which time your benefits will then be able to be utilized. Filing insurance does mean that you will be responsible for whatever portion of the fee is not covered by your insurance benefit. Please make certain that you understand your benefits for Mental Health in an office setting. You may do this by contacting your insurance provider.

- A copy of your primary insurance card (front and back) must be on file along with a signed Insurance Authorization form (in these documents).

----- please initial

**Social Media Policy**

**The governance of electronic communication and provision of services through e-mail, text, Skype or other electronic means is still being discussed by professional bodies of legislative groups.**

**Risks of Using Electronic Communications:**

- SCG cannot guarantee the same security, confidentiality and privacy as is provided in face-to-face therapy sessions.
- There is an undeterminable risk that electronic communications may be intercepted by a third party and shared with others without your permission or the permission of SCG.
- E-mails or texts should **not** be used for emergencies or urgent issues.
- PHI that is particularly sensitive should not be sent by e-mail, text, ie. HIV, drug abuse, sexual activity, pregnancy test results
- Your employer may be able to view e-mails or texts sent or received at work.
- E-mails or texts may not be delivered correctly or in a timely manner.

**Conditions of Use of E-mail, Text, Skype or Other Electronic Communications:**

----- I do **NOT** want to communicate with my provider or anyone at SCG via e-mail, text, Skype, or other electronic communications and do NOT grant permission to my provider or anyone at SCG to do so with me.

----- I **DO** want to communicate with my provider via electronic communications and DO give my provider permission to do so with me.

- SCG will save all e-mails addressing clinical issues that are sent by SCG or are received by SCG. They become part of your permanent medical record, just like a clinical phone discussion would. Skype sessions will be documented in the same way face-to-face sessions are.
- SCG is not responsible for breaches of privacy that occur if you allow a third party to access your e-mail or text.

**Consent to Counseling**

By signing below, I indicate that I have had the opportunity to read and ask questions before giving my consent for services. I have now read and understand the above Sanctuary Counseling Group policies and give my informed consent to counseling with

-----and Sanctuary Counseling Group.

Signed\_\_\_\_\_

Date\_\_\_\_\_

Signed\_\_\_\_\_

Date\_\_\_\_\_