

## WELCOME TO FAMILY SERVICE OF THE CHAUTAUQUA REGION

This letter is to confirm the appointment scheduled for:

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

If for any reason you are unable to keep this appointment please call our office as soon as possible.

Our office staff can assist you with concerns regarding billing issues, co-payments and referral.

However, please be aware that obtaining a referral from your primary care physician is YOUR responsibility and MUST be in place at the time of your Office visit before you can be seen at Family Service of the Chautauqua Region.

### About Appointments and Cancellations

Individual counseling sessions are typically 50 minutes in length; other services may vary in length. You and your counselor will decide how often to schedule appointments. Our office staff can usually reschedule an appointment for you if necessary.

We reserve your appointment time because we consider you important, and we try hard to be on time for you . Please be on time for your appointments. Remember that other people are waiting for an appointment to become available.

If you have a conflict with an appointment, **we ask for 24 hours notice of cancellations. If you do not give us 24 hours notice of your cancellation, you may be billed a \$20 fee.** If you miss repeatedly, we may not be able to continue seeing you.

Please let our office staff know when you arrive for your appointment so that we may assist you promptly.



## Confidentiality

Issues discussed in counseling are personal. You need to know that they will be kept private. Family Service will not release any information about our clients to anyone outside of the agency without written permission from a client, and/or from parents of minor clients, unless the law demands otherwise.

*Our clients need to know that we are required by law to report situations that place someone in danger. They are:*

- Suspected neglect or abuse of a child must be reports to Child Protective Services.
- Risk of imminent physical self-harm (such as suicide) will necessitate taking action to protect the person in question.
- Threats to kill or assault another person may be reported to the intended victim or to appropriate authorities.

Additionally, courts may subpoena records of therapists in exceptional circumstances. The Supreme Court has upheld your right to claim this information as privileged, but this is not a guarantee that information will never be subpoenaed. Our attorney can consult with yours in the unlikely situation that a subpoena is served.

**Finally, be aware that we require your written consent to release information necessary for payment from your health insurance company. Such information usually consists of dates of service, type of service, and diagnosis. Managed care companies may ask additionally for symptoms, goals, and progress. We try to give as few details as possible. While information given to insurance companies is considered confidential, we cannot guarantee its security once it leaves our offices. If you do not wish to use your insurance coverage, you will be responsible for the full cost of services.**

**You must provide us with your current insurance card for our records. It is your responsibility to inform us of any changes to your insurance while in treatment at Family Service of the Chautauqua Region.**

## Grievances

If you have a problem with our services, we encourage you first to discuss it with your therapist, and see if it can be resolved.

If this does not solve the problem visit our web site at [www.familyservicecr.com](http://www.familyservicecr.com) or pick up a Grievance Form at the front desk. All grievances are confidential and taken very seriously.



**Fees**

In this day of managed care, we would like you to understand that fees you are charged are not set by the counselor. Fees are set by the various insurance companies and our sliding scale fee, if approved, allows a co-payment that is based on **proof of household income** and the number of persons living in the household. We are able to offer a sliding scale fee structure because of subsidy funds provided us by the United Ways and other sources that in effect pay part of the total fee. **NO CREDIT CARDS ARE ACCEPTED** at this time. Your co-pay is due at time of service and you may pay by cash, check, money order or certified check.

It is your responsibility to inform us of any changes to your insurance coverage prior to or while in treatment at Family Service of the Chautauqua Region.

If, at any time, your fee makes it difficult for you to continue counseling, please talk to your therapist. We try to make allowances for exceptional situations.

Returned checks will be assessed at a \$25.00 fee.

**Please turn off your cell phone once you are seated in the therapist's office. Cell phone use is permitted in the waiting room only.**

**Thank you for your consideration. We feel these policies will enable our office to spend more time on your concerns. If you have any questions regarding these policies, please do not hesitate to ask.**

\_\_\_\_\_  
**Patient's Signature (or responsible party)**

\_\_\_\_\_  
**Date**

**PLEASE BRING THIS FORM SIGNED AND THE FOLLOWING WITH YOU TO YOUR FIRST APPOINTMENT**

\_\_\_ Insurance Card

\_\_\_ Primary Care Referral (IF APPLICABLE)

\_\_\_ Co Payment \$\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_ Completed Family Information Sheet

\_\_\_ Proof of Income

**Failure to bring in these items may result in a delay in your appointment.**

