

# **Client Statement of Understanding and Terms of Service**

### **Hours of Operations and Scheduling Appointments**

Hours of operation are Monday - Thursday 8:30 am to 6 pm, and Friday 9 am – 1 pm, Saturday 9 am -12pm. You may cancel or schedule appointments by calling 678-888-6147 or via email dre@Thementalhealthconcierge.com. Cancellations may also be left on voicemail if calling after hours.

#### **Late Cancel**

If you cancel your appointment less than 24 hours prior to your appointment time, you will be responsible for paying a \$50 late cancel fee.

### **Contacting your Counselor outside of Normal Business Hours**

You may contact your therapist outside of your scheduled session by calling the main office at 678-888-6147. We strive to return calls within 24-48 business hours whenever possible.

#### **Mental Health Crisis Services**

We are available to you in cases of emergencies that are not life threatening by dialing 678-888-6147 during business hours. In the case of a life-threatening emergency, after hours, dial 9-1-1.

#### **Your Rights**

- You have a right to participate in developing an individual plan of treatment.
- You have a right to receive an explanation of services in accordance with the treatment plan.
- You have a right to participate voluntarily in and to consent to treatment.
- You have a right to object to, or terminate, treatment.
- You have a right to have access to your own records.
- You have a right to receive clinically appropriate care and treatment that is suited to their needs and skillfully, safely, and humanely administered with full respect for their dignity and personal integrity.
- You have a right to be treated in a manner which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.
- You have a right to be treated by staff who are sensitive to one's cultural background.
- You have a right to be afforded privacy.
- You have a right to be free to report grievances regarding services of staff to the state of Georgia.
- You have a right to be informed of expected results of all therapies prescribed.
- You have a right to request a change in therapist.
- You have a right to have records protected by confidentiality and not be revealed to anyone without my written authorization.

### **Email Communications**

It is not our policy to communicate with clients via email. If you do choose to communicate with your therapist or any staff member regarding your personal health information via email, we cannot ensure the confidentiality of these communications. We also cannot ensure that electronic communications will be returned in a timely manner. Email should not be used for emergency or treatment purposes. If you chose to send email to your counselor, any correspondences will become part of your medical record.

## **Other Electronic and Social Media Communications**

The Mental Health Concierge – Counseling Services (and related services) may maintain Facebook and other Social Media pages. These pages are intended for information and marketing purposes only and are not to be used to make appointments, or request services of any kind. Your therapist may also have Facebook, Twitter, or other LinkedIn accounts. It is our policy that counselors will not "friend" current or past clients on any social media platform.

The Mental Health Concierge – Counseling Services does not discriminate (on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurance including conditions arising out of acts of domestic violence, disability, genetic information, or source of payment) in the delivery of mental health services.

### Additional Information for specific programs:

### Counseling

Services are provided based on individual client fees. Payment is due at the start of a session, if payment is not received, the thearipist may still provide service, but payment will be due at the start of the subsequent session for both past and present services. If payment is not made at end of the second session, a payment agreement must be made with the Billing Specialist, before further service is provided. A fee of \$50 will be charged for any check returned for insufficient funds or decline of your credit card. Counseling services may be terminated due to lack of payment.