

**CareNet Counseling of Marion**  
**Consent to Treat and Center Information**  
**Marion, NC 28752**  
**828-559-0125**

**Purpose**

We are grateful that you have chosen CareNet Counseling to assist you in growth and wellness. We also appreciate the trust you place in us, and pledge to cooperatively work with you. During the course of your relationship with us, questions may arise about the center and our procedures. This document is to assist you in understanding some of the more important aspects of our relationship.

**Personnel**

All CareNet counselors, residents, and interns fall under the leadership of the division of Faith Health (Wake Forest Baptist Health). All staff members provide counseling in accordance with NC state laws pertaining to licensure of counselors and therapists. In addition, counselors are credentialed by their respective professional organizations and are clinically supervised.

**Confidentiality**

Your counseling, including your records, is treated with the strictest confidentiality. The only exceptions to this are: (1) when matters of harm to yourself or others become known to the counselor, (2) when matters of professional consultation or supervision by your counselor would be needed and/or reasonable, (3) when records of your counselor are subpoenaed through the legal system (4) when records are reviewed by your insurance company (5) when records are reviewed by an accrediting agency. We abide strictly by HIPPA regulations to protect our confidentiality. Any other information will be shared only with your written consent. Please feel free to discuss these important matters with your counselor.

**Fees**

Our services are primarily supported by client fees. Your counselor will inform you of the current cost per 30, 45 or 60 minute individual session and /or couple or group sessions at the outset of therapy. These rates are based on what is known as "the community standard" and are constant across our state wide network. **All fees, including applicable insurance co-pays and deductibles are due at the time of appointment.** Checks should be made payable to CareNet Counseling. We also accept Visa or MasterCard.

**NSF Check Charge:** Our office will charge a \$25.00 fee for any checks returned as NSF.

We realize that in some cases, persons are unable to pay the full fee. No one will be denied initial consultation because of an inability to pay. There are some subsidy funds for these circumstances, although these funds are limited. If you are unable to pay the full fee, you and your counselor can determine together a fee appropriate to your circumstances, or the number of sessions might be limited. Please note that insurance co-pays cannot be reduced for any reason.

**Insurance**

If you plan to use insurance, please provide insurance information to your counselor prior to your 1<sup>st</sup> visit. This is to reduce your chances of having to pay full fee in the first session as many insurance companies require prior authorization for services. You may be asked to communicate with your insurance company if issues arise, and your counselor or billing office staff can assist you with this process. Should your insurance company decline to pay for any services rendered, you will be financially responsible for such charges. Insurance charges not paid within 60 days become the responsibility of the client. We do not file insurance for marital visits.

**Account Information**

Questions or concerns about accounts (billing and insurance) may be directed to your counselor or to our Account Representative, 336-716-0856.

**Appointments**

Return appointments are decided upon by you and your counselor. If circumstances prevent you from meeting an appointment, please call your counselor at the number provided by him/her so that the time may be given to someone else. **Please Note: A \$95.00 no show/late cancellation fee may be charged to you for missed appointments or appointments cancelled without 24 hour notice. These charges must be paid prior to scheduling future appointments.**

**After Hours Emergencies**

If you are experiencing an emergency situation after our regular center hours, you should call 911 or go to your nearest hospital emergency department. If you are a current client of CareNet Counseling, you may call RHA’s Mobile Crisis Management Services at 1-888-573-1006. While you will not speak directly with a CareNet clinician at the time of these calls, we are committed to following up with MCM for the purpose of continuing care.

**Phone Messages**

All counselors will return phone calls in a 48 hour (business day) period. If you have called and have not heard back from your counselor within 48 hours please call back.

**Possible Risks of Treatment:** The therapy process can be fun and exciting. It can also, at times, be very challenging, difficult, and even painful. As with any significant process of change, there are both benefits and risks associated with the change. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. If you experience such difficulties please speak with your counselor pertaining to such struggles.

**Complaint Procedure**

If you are dissatisfied with any aspect of your counseling process, please let your counselor know so that it can be resolved. If you think you have been treated unfairly or unethically by your counselor and cannot resolve the problem, you may contact CareNet Inc. at 2000 W. 1<sup>st</sup> St., Winston Salem, NC 27104 for clarification of client’s rights and/or to lodge a complaint.

If you have any other questions about our working relationship please feel free to ask.

**My signature on this form:**

- 1. Confirms that I have read/and or understand the information above.
- 2. Gives permission for CareNet staff to seek emergency medical care for me from a hospital or physician.

Client’s Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legally Responsible Party signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)

Counselor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_