



Recovery Counseling Center, LLC

7211 Park Heights Avenue, Suite 4

Baltimore, Maryland 21208 443-681-9150

Fax: 1-877-715-7229 Email: office@rccbaltimore.com

INFORMED CONSENT

Welcome to our practice, we look forward to working with you to provide effective clinical interventions that address the issues and concerns that brought you or your loved one to therapy. This form describes your rights, mutual expectations, HIPPA compliance, policies, informed consent, expectations and limits of therapy and confidentiality mandated by law. We welcome any questions, at any time.

The content of a counseling intake, assessment and sessions are fully confidential. Verbal information and written records about a client cannot be shared with another party without written consent of the client or his/her legal guardian. It is the policy of Recovery Counseling Center, LCC (henceforth “RCC” or “we”) not to release any information about a client without a signed release of information. Only staff of RCC, including but not limited to, therapists, medical staff, billers and secretaries, are aware of your attendance or relevant client details. Noted exceptions of confidentiality are the following:

1) Duty to Warn and Protect

As licensed health care providers, if a client discloses intentions or a plan to harm him/herself or another person, we are required by law to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, we are required to notify legal authorities and make reasonable attempts to notify the client’s family.

2) Abuse of Children and Vulnerable Adults

If a client states/suggests that he or she is abusing a child or vulnerable adult or has abused such a person, is in danger of being abused, or was personally abused, sexually, physically or severe emotional abuse, we are required by law to report this information to the appropriate social service and/or legal authorities.

3) Court Orders

We are required to release records of clients when a court order has been placed demanding such action. Should our time be required for legal matters, depositions or any other matter that we are allowed to bill for, we will review our hourly fee which you will be responsible for.

Minors/Guardianship

Parents/legal guardians of non-emancipated minor clients have the right to access all client records of their child. Services shall only be rendered to a minor with the written consent of his/her parent/guardian. As a person under 18 years of age, you are hereby notified that your parents/guardian have a legal right to access confidential information regarding your therapy notes and session content. Should the client be under the custody of another individual, we require legal documentation in the form of a court order custody agreement. Our attempt to secure these documents will be documented.

Couples, Group, and Family Therapy

When couples, groups, or families are receiving services, separate files are kept for each individual’s confidential information and it is not shared without written consent.

Benefits and Risks

Engaging in therapy does not guarantee results but may allow you to relieve pain, learn coping skills to better deal with symptoms and other practical and psychological benefits. Some risks are also present including, but not limited to, emotional reactions, strong feelings, agitation of symptoms and inner pain. You can discuss this with the therapist to weigh risks versus benefits.

Research

As clinicians, we only practice within the scope of our training and competency. As part of our licensing, we stay as up to date as we can and work to use only evidence-based and research backed interventions. You will never be asked to engage in any experimental therapy processes without full disclosure and agreement from the onset.



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Other Health Care Professions/Consultations

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed, unless absolutely necessary.

Recording Policy

It is prohibited to record sessions in any form by anyone, including staff and client. RCC reserves the right to use video/surveillance equipment in the office for safety purposes only.

Request of Records

We are required to maintain complete treatment records. Clients are entitled to receive a copy of these records, unless we believe the information could be emotionally injurious. In such cases, we will gladly prepare a written summary of the entire record, and/or forward a copy of the record to a licensed mental health professional of your choice. Fees may apply.

Fees:

Our usual fee for individual psychotherapy is \$250.00 per 45 minutes and \$300.00 per hour. Intakes are \$250 to 500. Couples/family sessions are \$300 each (45-50 minutes) after intake. Sessions are between 45 to 60 minutes, depending on insurance or our agreement. Medication management, when offered, is \$500 for the intake and \$150-350 for follow up depending on services. You are expected to pay for each session at the time of service, unless we agreed otherwise in writing. For unusual financial hardship, we may negotiate a fee adjustment or payment plan. Fees for assessments or other specialized services are established on an individual basis. Paperwork is billed at an hourly rate as well as any legally allowed fees for phone time or depositions. The actual fee that RCC receives is dependent upon the contract we may have with your provider. Clear financial records will be maintained and will be made available within 30 days of your written request. A cancelled or bounced (bad check) check fee is \$40 per incident. If you are sent to collections after due notice, fees and interest may apply, when allowed by law.

Insurance Companies

Insurance companies and other third-party payers are given information that they request regarding services to clients if you have authorized them to be billed. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries. You are responsible for all copays and bills presented. **Any claims rejected by insurance, for any reason, are your financial responsibility to pay, when allowed.**

Medication Management

We may, pending staffing and availability, offer access to a psychiatrist and/or psychiatric nurse practitioner (“medical staff”) that can prescribe medication. To make use of these services, you must comply with all program requirements. This includes actively working with a therapist for an intake and ongoing therapy. If you are not in compliance with therapy goals, and you have missed a therapy session, you are required to make this up before being seen for medication management. You must inform the medical staff if you receive or received other medication(s) elsewhere as they may impact treatment. Medication should be taken as prescribed. Changing dosage without medical consult can be dangerous to your health and may result in hospitalization or death. Sharing medication is illegal.

If you have any concerns about what is being prescribed or have any unusual side effects, you must speak with the medical staff. Should you experience an emergency, dial 911 and go to the nearest emergency room. Please be sure to arrive promptly for your medication management sessions as they are difficult to reschedule given the demanding schedule of our medical staff.

You are responsible for the safe storage of your medication(s) and they should be kept away from children, pets, storage site or anywhere that they may be damaged or used incorrectly. Controlled substances should be locked properly.



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RCC will not provide supplemental refills for lost or stolen medicines or prescriptions and does not accept police reports as a reason to make an exception to this policy. Should your medication be lost or stolen, you have the option to go to a local emergency room to request refills until your next psychiatric appointment. Repeat loss or theft of medication may result in being discharged from our services.

Emergencies

We will always endeavor to respond promptly to your phone calls. Should you have an emergency please call 911 or go to the nearest hospital. Please get in touch with RCC as soon as possible. Our office can be reached at 443-681-9150 and our clinical director, Dr. Michael Freedman may be reached at 410-790-8433. We do not accept calls from Friday sundown until Saturday night, on Jewish religious holidays, Maryland State holidays or after our normal business days and hours. Email and text messages are not acceptable methods for contacting our office for any urgent matter. For medication management questions, when offered, you will be scheduled for the next available appointment.

No Show/Last Minute Cancellation

Except for unusual circumstances, or where prohibited by law, a full session fee (either the agreed fee, or whatever insurance would normally allow as the full amount paid for the session) will be charged for no shows or cancellations with less than 48 hours notice. To cancel or reschedule an appointment simply call the office or number the therapist provides and leave a message or email our office as soon as possible. For medical assistance clients, or where prohibited, you will not be billed for no shows, however, per clinic policy, **after three no shows you will be discharged.**

Termination

Professional ethics mandate that treatment shall continue only if it is reasonably clear the client is receiving benefit. If, at any time during the course of your treatment, we determine that progress is not being made, we will discuss this with the client and may terminate treatment and explain why this is necessary. The client has the right to stop treatment at any time. Should the therapist have a need to terminate or interrupt services, the client will be notified as promptly as possible and a transfer, referral or continuation of care will be arranged in line with the client's needs or preferences. If the client chooses to terminate, referrals to other therapists based on needs or preferences will be offered and the client will be offered a final 'termination' session that is recommended but not mandatory. Any client who is absent for 2 weeks, without communication with RCC, may be discharged, and lose their slot without notice. We will offer you a referral upon your request if you cannot be worked back into our schedule.

Minor Supervision

Children, who are not clients, should not be brought to the office. Children under 18 must be supervised by an adult at all times, RCC assumes no responsibility for their wellbeing or safety and violation of this rule may result in termination.

Loitering Policy

To protect your privacy and the privacy of other clients, please do not arrive more than 15 minutes early for your appointment and please do not stay longer than 15 minutes after the completion of your appointment. We appreciate your refraining from bringing other non-clients to the office, except on a limited basis. We understand that occasionally you may have scheduling conflicts and need to wait for a ride or may arrive early, this is reasonable on a once in a while basis, subject to our discretion, but not more than once every few weeks. Non-compliance may result in discharge.

Respectful Conduct

Respectful conduct, dress, speech and behavior are expected from each client and anyone who enters our office, at all times. Any violation of this, at RCC's discretion, will result in termination of services.



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Telephone and Text Messaging:

In the event that RCC staff must contact you for purposes such as scheduling, cancellations, billing or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please inform us of your confidential phone number or let us know about any concerns. Any clinical issues or scheduling must be discussed via phone or in person. Text messaging will not be responded to, please call and leave a message.

Use of Internet, Email, Voice or Video Contact

If you agree to email, text or phone reminders, or submit information to us via our website, email or any form, you understand that this may not be a secure method of communication and that there is a possibility that an account can be compromised. If you chose to email us private information, we cannot take responsibility for confidentiality. The same goes for any phone, email, internet or video interactions, your participation and use of these services is considered acceptance and acknowledgement of the risks.

Group Therapy

If you attend group therapy at our practice, you give your word that you will not breach confidentiality of the other clients present and you understand the company cannot take responsibility or be held liable for maintaining confidentiality except as relates to RCC staff.

Weather Cancellation

In the event of inclement weather or other natural impediments, your safety comes first. We ask that you notify us immediately (4 hours in advance minimum) if you're unable to attend a session, without penalty. We encourage you to get in touch with your therapist should you wish to verify our open status. Should we be closed we will make our best efforts to notify you via any contact information that we have for you. It is important that you keep your information updated.

Emergency contact:

It is optional to provide us with this information. If you do so, you hereby grant us permission to contact the number/person below in any circumstance that we deem an emergency.

Payment Arrangement:

I understand that it is my responsibility to inform the company regarding any changes in my insurance, coverage or demographics. I grant permission for RCC staff to contact my insurance provider to determine my benefits and to bill me for all services rendered. I understand that anything not covered by my insurance, including, but not limited to required copays, deductibles, rejected claims or use of service without an authorization in place, will be billed directly to me. I agree to pay all copays at the time of service and I understand that all deductibles and fees are my responsibility.

Optional: Emergency Contact

Name: _____ Phone: _____ Relation: _____

Mandatory to receive services:

My signature below indicates I have read the information in this document and agree to all terms and conditions. I understand their meaning and implications and how they henceforth define our professional relationship. I have been given time to have any questions answered.

Print Name:

Signature:

Date: