

# ELEVATE

## COUNSELING SERVICES, INC.

117 EASTMAN ST, SO EASTON, MA 02375  
117 MECHANIC ST, #7, BELLINGHAM, MA 02019  
695 WAREHAM ST, SO MIDDLEBORO, MA 02346  
PH: 508-202-1811 FAX: 866-773-4171

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### CLIENT INFORMATION GUIDE

I am a Licensed Mental Health provider employed by Elevate Counseling Services, Inc. In this practice all agreements are between the client and Elevate Counseling Services, Inc.

Appointments: Individual and family appointments are scheduled for 45 minute sessions. Group therapy meets for either 50 minutes or 90 minutes. 30 minute appointments are available in special circumstances.

Cancellations: If you find it necessary to cancel an appointment, 24 hour notice is required in order to avoid being charged a cancellation fee for the session. (See attendance policy.) Please contact me as soon as you are aware that you will be unable to attend. Please save my contact information that I give you at our first session on your cell phone for ease of contact with me. If intake appointments are cancelled with less than 24 hour notice, or are no-showed, Elevate Counseling Services will not reschedule your intake appointment.

Hours of service: Counseling is available by appointment only. In the case of a life threatening psychiatric emergency, please call 911 or go to your local emergency room. I am available for consultation with crisis intervention should such an emergency occur. Please give your crisis team my contact information and phone number to coordinate care.

Insurance: Insurance companies contract to pay a percentage of the total cost of psychological services. My office will accept those agreed upon rates and will work with those insurance companies I am credentialed with. Deductible figures are based on the contracted rates with your particular insurance company.

Payment: All clients are required to maintain a zero balance by paying their co-payment or deductible payment at the time of each session. If a cancellation fee is incurred, it is due in full prior to scheduling another appointment.

Confidentiality: All information and records are kept confidential and in accordance with the American Counseling Association standards and Massachusetts law. General legal exceptions to confidentiality include: suicide, homicide, alleged child-abuse, alleged elder-abuse, and court-ordered testimony. Case consultation and review may occur when necessary. Your insurance company will also require some basic information about your diagnosis and treatment planning. Please discuss with me any concerns you may have in this area.

**I give my clinician, biller and Elevate Counseling Services, Inc. permission to share information necessary for pre-certification and billing purposes with the insurance company being billed for counseling services.**

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_