

A BRIEF COUNSELING CENTER
DBA: Healthy Counseling Center

9507 N. DIVISION, HOLLAND BUILDING SUITE A, SPOKANE WA 99218
Phone# (509) 466-6632 Fax# (509) 466-0117

Please initial after each policy change!

Welcome to A Brief Counseling Center. We are honored that you have chosen us as your mental health providers. Our goal is to provide the highest quality care for all our patients in a timely and respectful manner.

We will do our best to provide you quality care in a timely fashion. **You will need to bring your insurance card and photo identification with you for each appointment. You will also need to be prepared pay any copay and coinsurance.** _____

Please let our staff know if you have had any information changes since your last appointment. If you are unable to provide us with your insurance card or unable to pay your copay or coinsurance, your appointment will need to be rescheduled. _____

You will be asked to fill out new registration forms annually (every January) so we may update your information. _____

All past due balances are expected at time of service, unless a prior agreement has been made with our billing department. Any payment arrangements that are made will be strictly enforced. Failure to pay your agreed payment will result in a \$35 late fee if payment has not been made within 5 days of agreed paid date. _____

We ask that you allow plenty of time to get to the office for your appointment. You may be asked to reschedule your appointment if you are more than 15 minutes late. If you are more than 15 minutes late, your appointment will be rescheduled and you will be charged a \$85 no show fee. We will strive to stay on time. From time to time, a patient emergency arises and we may be running late for your visit. You will have the option to re-schedule or stay to be seen and we will keep you informed of how long of a delay you may experience. _____

We understand that appointments sometime need to be changed, so we ask that you call 24 hours in advance if you cannot keep your scheduled appointment. Otherwise, you may be charged a \$85 no show fee or late cancelation fee. Also, no shows appointments will be charged \$85 no show fee. This fee will be strictly enforced with very few acceptations. _____

You have a right to your medical records; however, our providers must review all medical records request before they are released from our office. For patient ages 13 to 17, they must consent to having their medical records. Our office requires, patient 13 to 17 to complete and sign a release of information. There will also be a medical records charge for all medical records request except for medical records being sent to another healthcare provider. _____

The law authorizes parent(s) or guardian(s) of a minor (anyone under age 18) to give inform consent on most medical decision involving a minor. Minors whose biological parents are not

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married or no longer married both need to complete client intake packets. Our office policy also requires that we have a copy of the parenting plan that is currently in place, any restraining orders, or other court information that our office deems necessary. There are a few exceptions to this policy. Each exception will be evaluated by the provider prior to scheduling any appointments. _____

Telephone Consultation are billed at the same rate as a regular session. Email responses will be billed at half the rate of regular sessions. _____

Fees for written reports, court testimony, special testing, and special supervision will be discussed prior to these services. These services must be prepaid in advance. Any funds not used will be refunded back to you within 30 days. _____

Providing the highest quality of professional care to our patients is very important to us. Therefore, the following guidelines for dispensing medications in our office have been established:

1. **Healthy Counseling Center does not offer chronic pain management and will not dispense chronic pain medication** (for example, chronic daily narcotics). We will provide you with a referral to a pain management center if you need this specialized form of care after evaluation by our physicians. _____
2. If you are on a medication that requires refills for a chronic condition (for example Lexapro), you will be given ample refills for 30 or 90 days at a time during your office visit.
 - a. When you are down to a 30-day supply of medication, we ask that you call and schedule your follow-up office visit to be evaluated and have your medications adjusted or refilled. We ask that you allow enough time for us to make an appointment so you are not without your medication. This holds true for pharmacy faxes for refills. If, we receive a refill request, we will be calling you to schedule an appointment. _____
3. For the safety and well-being of our patients,
 - a. Requests for new medications and medication refills will not be taken over the phone or over the Internet during office hours without an appointment and evaluation by one of our providers. _____
 - b. No new medication will be called in over the phone after office hours or over the weekend. _____
 - c. We understand that unexpected situations arise, thus a small refill of a chronic medication will be granted for one or two days after office hours on an as-needed basis determined by the provider. This allows patients to be seen and evaluated by the physician during office hours for all their medication refills. _____

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- d. Our office does not store medications onsite. _____
4. I, the undersigned, accept financial responsibility for payment of all fees at the time of the visit, unless other financial arrangements have been made. _____
5. **ASSIGNMENT OF BENEFITS:** I request that payment of authorized insurance benefits on behave to A Brief Counseling Center DBA: Healthy Counseling Center for any services furnished to me.

Signature

6. **AUTHORIZATION TO RELEASE INFORMATION:** I authorize any holder of protected health information about me to release to my insurance and its agents any information necessary to determine these benefits or the benefits payable for services. Signature of patient (age 13 to 17) and holder of insurance policy and/or parent or legal guardian must accompany this form.

Signature

Signature (ages 13 to 17)

If you need to reach a provider after hours, you can call our office at (509) 466-6632 and leave a message. Messages are checked periodically and call are returned as soon as possible. Our office hours for patient care are Monday through Friday 8am to 5pm and Saturdays 9am to 2pm. (Saturdays phones are not answered, but you can leave a message and someone will return your call that day or the next business day.)

Welcome to our practice and thank you for choosing A Brief Counseling Center for all your mental health care needs.

Sincerely,

A Brief Counseling Center and Staff
DBA: Healthy Counseling Center

Patient Name: _____ **DOB:** _____