

Catholic Charities of the Diocese of Raleigh, Inc.



*Providing Help
Creating Hope*

Counseling Services -- Authorization, Appointments and Fees

Thank you for choosing us for your counseling needs. We appreciate the trust you place in us by coming here. We will honor that trust by treating you with respect and maintaining confidentiality with the information you provide. We ask that you read this document introducing you to the policies and procedures regarding appointments, fees and other aspects of Catholic Charities Counseling Services.

Appointments/Length of Sessions: Office hours vary; sessions are by appointment only, unless established by the local office. Generally, sessions are 50 minutes in length (a "counseling hour"), although other time frames are negotiable with your counselor.

Fees: A \$95 fee per 50-minute session is charged for Catholic Charities Counseling Services. A \$125 one-time fee for the Assessment Session will also be charged. If you have insurance, please complete the Insurance Authorization form; you can get this form from the office secretary/ office manager or your counselor. If your counseling is covered by an insurance plan that requires co-payment, the co-payment is due at the time the services are provided.

If you do not have insurance benefits and feel that you cannot afford the \$95/ \$125 full fee, your fee will be based on a subsidized fee scale, which is available from the secretary/ office manager or your counselor. You and your counselor will enter into an agreement for this fee. This agreed-upon Client Portion of the fee is collected at the time of your session. Exceptions should be discussed with your counselor.

Your Fee Structure:

- Agreed-upon Client Portion of Fee (May be Co-pay) \$ _____, or **TBD**
- Insurance portion of Fee \$ _____, or **TBD**
- Subsidy Amount \$ _____, or **TBD**
(from Bishop's Annual Appeal, Donations, Grants)

NOTE: Catholic Charities will apply pro-rated fees, per 15-minute portions of an hour, if sessions last less than an hour (45 minutes, 30 minutes) or more than an hour (1:15 minutes, 1:30 minutes, etc.).

Late Cancellations and Failure to Contact for Cancellation: If you need to cancel an appointment, please do so before the day of your appointment. This allows time for the appointment time to be rescheduled with someone waiting for counseling services. Persons who do not show for a scheduled appointment will be charged the full counseling fee. Persons who cancel on the day of their session will be charged half the agreed-upon counseling fee. Emergency exceptions should be discussed with your counselor.

Late Payment: Your Catholic Charities counselor may discontinue services if the agreed-upon Client Portion of the fee is not paid by you. In cases of financial difficulties, a payment plan can be established, or a re-setting of the agreed-upon fee can be arranged. All late payments, including those for a Late Cancellation or Failure to Contact (No Show) are due at the beginning of the next scheduled session.

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I agree to the above terms, and authorize Catholic Charities to provide mental health counseling services to myself or my child, if indicated below. My signature acknowledges my agreement.

Client/Guardian's Signature: _____ **Date** _____

Client/Guardian's Name: _____

Name of Client, if client is a minor: _____

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Counselor's Signature: _____ **Date** _____

Counselor's Name: _____



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Emergency contacts: If an emergency should occur and you are unable to reach your counselor, please contact one of the following resources: the local county mental health center, local hospital emergency room or calling 911. *Each office may provide to clients a listing of the appropriate emergency numbers, or list the appropriate numbers here.*
