



**100 Campus Drive, Suite 101
Morganville, NJ 07751
732-617-6210**

www.britefuturescounseling.com

Policy and Consent for Treatment

WELCOME to the mental health services of Brite Futures Counseling, LLC. We are pleased to have the opportunity to work with you and/or a loved one. We would like to take this opportunity to familiarize you with the policies and procedures at Brite Futures Counseling, LLC. **Please read the information carefully** and we encourage you to ask any questions regarding the material at any time of your session. Please be advised that any necessary signatures at the end, will demonstrate your acceptance to this agreement between all responsible parties and Brite Futures Counseling, LLC.

At Brite Futures Counseling, LLC we are dedicated to the personal, emotional, social, and/or behavioral concerns of all those we serve. We believe in offering support, compassion, and understanding to promote healthy skills and strategies. We attempt to provide a therapeutic approach where we are able to personalize therapies based on the needs and goals of those we work with. It is very important to recognize and understand that mental health therapy is a process which varies from person to person. Most importantly, the client(s) must be an active participant in the process, and we at Brite Futures Counseling, LLC cannot guarantee any desired results.

In any professional relationship, especially in the field of mental health, it is a necessary component for both the therapist and client(s) to feel comfortable working together for any and all treatment goal(s) decided during the initial phase into the process of therapy. We encourage you to evaluate your relationship with your therapist and address any concerns you may have during the session(s). We encourage our mental health professionals to look out for the best interest of the client(s) and by doing so; it may be in their professional judgment that referring you to another mental health practitioner either within Brite Futures Counseling, LLC or an outside establishment and/or individual, is in the best interest of the client(s).

Confidentiality:

The professional ethics and laws set forth for licensed mental health professionals in regards to confidentiality, prevent us from divulging any written and verbal records of information to anyone without your signed written permission. We also encourage you to read our current Notice of Privacy Practices Form which will be reviewed during the initial intake session and discussed in more detail within those pages. However, there are a few rare exceptions to confidentiality listed below.

- 1) Duty to warn and protect.
 - A. When a client(s) discloses imminent intentions to harm another person or one's self, our licensed mental health professionals are required by the law to notify the intended victim, and/or the intended family, and/or report the information to the police and/or seek hospitalization for the client(s).
- 2) Abuse.
 - A. When a child/minor reports that he or she is being abused and/or neglected, our licensed mental health professionals are required by law to report the information to the appropriate social service agency and/or the police. Furthermore, if the Child Protection and Permanency Agency (formally known as the Division of Youth and Family Services) request that our licensed mental health professionals release information to them, we are required by law to provide them with the requested information.
- 3) Legal.
 - A. If presented with a court order signed by a judge, our licensed mental health professionals are required by law to release the records.

Insurance:

In any professional relationship, payment for services is an important matter. This is even more important in mental health, where clarity of relationships and responsibilities are a goal of treatment. Payments in the form of co-pay, out-of-pocket max, deductible amount, or payment in full are expected before each visit. If Brite Futures Counseling, LLC, is enrolled as an "in-network provider" within your insurance health plan, we will submit the claims to your insurance company on your behalf. We encourage you to verify with us as to which insurance companies we are a current participant with.

As a current provider for a number of insurance companies, Brite Futures Counseling, LLC has agreed on a contractual rate for specific services. In most instances, we have agreed to collect a set co-pay, out-of-pocket max, or deductible amount at the time of service. It would therefore be our responsibility to submit the claim after services rendered so that we can receive the rest of the fixed amount set by the insurance company. In some instances, your insurance plan may refuse payment for services rendered by Brite Futures Counseling, LLC at anytime. It would therefore be your responsibility to contact your insurance company to handle the matter further, and please be aware that you would be obligated to pay in full.

Our mental health sessions might be covered by other health plans if your coverage allows for "out-of-network coverage." This means that you would be responsible for paying the full fee for service, as listed below, before beginning a session. Brite Futures Counseling, LLC will provide you with a billing statement that contains the

appropriate diagnostic and procedural codes, fee for service rendered, as well as other necessary information required by most insurance carriers. You would be responsible to submit the billing statement to your insurance company for the appropriate reimbursement for the “out-of-network” mental health service(s) provided under your plan. Payment for reimbursement by your “out-of-network” provider is not guaranteed and Brite Futures Counseling, LLC is not responsible.

We encourage our entire prospective and current client base or parent/legal guardian to contact their insurance company to understand their outpatient mental health benefits and whether they have “in-network” or “out-of-network” coverage. Here are some general you may want to ask:

- Whether a co-pay is required at the time services are rendered? If so, at what rate?
- Is there an annual deductible amount? If yes, has the amount been met?
- What does the insurance company consider a calendar year?
- Whether authorization is necessary for sessions?
- Amount of sessions allowed per calendar year?

We request that you advise us of any insurance changes immediately. Every effort will be made to assist you in collecting your claims, but all charges incurred are the responsibility of the patient or adult responsible party regardless of insurance coverage or reimbursement.

Fees:

Please be advised that the fees for service listed are for those clients who have an insurance plan in which Brite Futures Counseling, LCC is not an active participant or those who do not have current medical insurance. Also, be advised that some services listed below may not be reimbursed by your “in-network” insurance company; therefore fees listed for such services would be paid in full by the client/guardian. It will be the client/guardian’s responsibility to be aware of any additional services listed above that are not deemed “Medically Necessary Covered Services” outside the client(s) mental health plan.

At Brite Futures Counseling, LLC, the mental health services and current service fees that are offered are:

- Initial Diagnostic Interview at \$120
- Individual Psychotherapy (45 minutes) at \$90
- Individual Psychotherapy (30 minutes) at \$60
- Family Psychotherapy with or without Patient Present at \$90
- Group Psychotherapy at \$50 (per person)
- Written Report for Physicians, Agencies, Legal or Consultative Purposes at \$120/per hour
- Telephone Consultation (15-30 minutes) at \$30
- Telephone Consultation (31-45 minutes) at \$60.

Brite Futures Counseling, LLC reserves the right to adjust or change the current fees on notice.

The office of Brite Futures Counseling, LLC expects our clients to be up-to-date on their balance. Please pay your bills promptly in order to avoid legal circumstances. If an account has not been paid within 30 days, we will notify you in writing and by telephone. If we do not receive payment within 60 days from date of service, it is our policy to turn your account over to a collection agency. It is agreed that if your account is referred to an outside agency or an attorney for collection, you (as the responsible party) will be accountable for an additional collection fee of twenty percent (20%) of the balance of your account or (\$50.00), whichever is greater. Any account which has been sent to collections may be reported to the credit bureau. Also, note that any bank charges for returned checks will be your responsibility at a fee of \$30.00 regardless of the amount of the check.

Minors/Couples:

As mentioned earlier, it is very important that the person(s) involved in therapy are an active participant in their own therapeutic process. This is why Brite Futures Counseling, LLC recognizes that in order to provide appropriate couples therapy, both partners must be present at each session, otherwise the session will need to be cancelled and a cancellation fee will be applied if 24 hour notice had not been applied accordingly as per our cancellation policy.

Brite Futures Counseling, LLC requires all individuals under the age of 18 years of age to have a parent/legal guardian sign a Consent for Mental Health Treatment Form before they can begin treatment. If the biological or legally adopted parents are currently separated or divorced, both parents would be required to sign our Consent for Mental Health Treatment Form before the child can be treated. If one of the parent's has full legal custody, a copy of the divorce agreement would need to be faxed to 732-617-6211 prior to beginning treatment for your child.

We at Brite Futures Counseling, LLC, believe children/minors deserve an environment that provides a sense of reflection while feeling safe, secure, and comfortable. We believe that an important component to this environment is to build a trusting relationship between the therapist and the client (child). Confidentiality between your child and the mental health professional is a part of the therapy process. We are legally obligated not to reveal information learned about your child to the parent(s) unless for the purpose to warn and protect the child or another person(s). We also believe that the parent(s)/legal guardian(s) are an integral part of the therapeutic process and we will certainly communicate with parents by providing general information about the therapeutic process.

Cancellation Policy:

Appointment times are set to accommodate our clients' schedules as often as possible. In order to receive the most success from therapy, it is in the client's best interest to keep their scheduled appointments on a regular basis. We encourage our clients to discuss any need to change an appointment. If you are unable to keep your

scheduled appointment, we require that you contact our office at 732-617-6210. Once an appointment has been scheduled, we have a cancellation policy which requires 24 hour notice

If you neglect to cancel your appointment with at least 24 hours advanced notice or miss an appointment entirely, there will be a late cancellation or “no show” fee of \$50.00. By law, we are not permitted to submit a claim to any insurance company for late cancellations and missed appointments. At Brite Futures Counseling, LLC we recognize that unforeseen circumstances do transpire. We do permit our clients a **one-time** exception to our late cancellation or “no show” fee within a six month span during treatment. Please note that if a late cancellation or missed appointment should happen again after the “one-time exception,” the client will then be charged a fee of \$50.00. Any individuals who have neglected to adhere to our cancellation policy four or more times will immediately be required to sign our Mental Health Commitment Contract which will include stipulations to continue a professional relationship with Brite Futures Counseling, LLC.

Agreement:

I have read and understand the above information and agree that regardless of my insurance status, I am responsible for the payments of the balance collected for the person being serviced at Brite Futures Counseling, LLC at the time service is rendered. I also agree to consent to mental health treatment by Brite Futures Counseling, LLC of 100 Campus Drive, Suite 101 in Morganville, NJ 07751 for myself or my child or with my spouse/partner. As a representative of Brite Futures Counseling, LLC, the therapist signature and date below signifies an agreement between client(s) and Brite Futures Counseling, LLC. As a private run mental health facility, we reserve the right to review and determine in our professional discretion and judgment whether appropriate under certain circumstances to discontinue the relationship and potentially refer clients to professionals outside of Brite Futures Counseling, LLC at any time.

Print Client Name _____
(Self/Minor)

Client Signature _____ Date _____
(Self)

Print Client Name _____
(Spouse/Partner)

Client Signature _____ Date _____
(Spouse/Partner)

Print Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

Therapist Signature _____ **Date** _____