

Allied Behavioral Health
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STATEMENT OF UNDERSTANDING

At the start of our work together, I wish to provide you with the following important information. It is important that you understand these issues. Please review this material carefully, so we may discuss any questions or concerns you have. Allied Behavioral Health (ABH) is a group of highly trained mental health professionals whose goal is to help individuals, couples, and families develop resources to eliminate or cope with problems and enjoy a more fulfilling life. The following information is provided to answer any procedural questions that may arise while using ABH services.

- 1. Office Hours:** Therapists maintain varied office hours. Appointments are generally available Monday through Friday.
- 2. Appointments:** Services are available by appointment only and may be scheduled with individual therapists. Sessions are usually 45 to 50 minutes long. Between-session time is needed by the therapist to make notes, prepare for the next session, and perhaps return phone calls, etc. Please be respectful of the need to complete sessions during the allotted time.
- 3. Cancellations/Missed Appointments:** Your appointment time is reserved for you. It represents a commitment of time and resources for which payment is expected. If you need to cancel an appointment, please contact ABH as soon as possible. No charge will be made for cancelled appointments, if 24 hours notice is given; otherwise, you will be charged a fee ranging a minimum of \$35 up to the full session fee, at the discretion of the ABH clinician. Please note that insurance companies do not reimburse for missed or late-canceled appointments.
- 4. Telephone:** When the receptionist is not answering the telephone, you may leave a voice mail message at **832-1282**. The therapists check their own messages. In case of an emergency, please call **911** or **CONTACT** at **761-9100**, or the Mobil Crisis Intervention at **577-2484**.
- 5. Phone Contact:** There is no charge for brief calls with your therapist to check appointments, to reschedule, etc. Calls that extend over 10 minutes will be charged at prorated portion of your regular session fee. In case of unusual situations, phone therapy sessions are possible. Insurance will not cover telephone sessions.
- 6. Emergencies:** ABH is not set up to handle emergencies. If you have an immediate or emergency assistance, please call **911** or **CONTACT** at **761-9100** or Mobil Crisis Intervention at **577-2484**.
- 7. Fees and Insurance:** You have the option of paying ABH directly or using your insurance benefits; in either case, you are financially responsible for the services for which you are arranging, even if your insurance company refuses to pay for them. Fees are discussed during your first telephone contact or during the first session. Generally, part of the charges is covered by health insurance after a deductible is met. Please remember that **you will be billed for missed appointments not cancelled at least 24 hours ahead of time.**
- 8. Confidentiality:** A key aspect of psychotherapy is the development of a trusting relationship between client and therapist. To achieve this goal, all information disclosed to your therapist is kept in the strictest confidence according to professional ethical guidelines.
Exceptions are made if the therapist believes that:
 - a. A client is contemplating a dangerous act against him/herself
 - b. A client is contemplating a dangerous act against another person
 - c. There is evidence of child abuse, abuse of a physically or mentally impaired person or abuse of an elderly person.
 - d. Full confidentiality might not be possible if a court subpoenas information.
 - e. If you have a "Managed Care" type of insurance, your insurance company may require initial and periodic reports and information from your therapist in order to authorize treatment for you.
 - f. If you are under 18 years of age, you should be aware that your parents have the right to receive some information concerning your treatment. While we are working together, I will give your parents general information on how the treatment is proceeding, but only after discussing it with you.

While also maintaining confidentiality, therapy sessions may occasionally be tape recorded to ensure the safety of the client and the therapist.

I, the undersigned, have read and agree to the above guidelines.

Signature of Patient

Signature of parent, guardian, conservator, or
authorized representative (when required)

Date

*****Please Sign One Copy and Keep One for Your Records*****