



Agape Christian Counseling Center

Welcome to Agape Christian Counseling Center

We are pleased that you have considered coming to Agape Christian Counseling Center (ACCC) for counseling/coaching/family advocacy. We present this information in an effort to make you familiar with our procedures in advance.

OFFICE HOURS

Our counselors are seen by appointment only. Counseling hours and days may vary, depending upon the counselor and the counselee's needs. Messages can be left anytime on our voice mail, (614) 973-9582 or (614) 972-1334. All appointments are made through contacting the ACCC office using the above telephone number.

SERVICES AND FEE SCHEDULE

Our fees for a LPCC-S, LPCC, LISW, or LISW-S - 1st session \$175.00, subsequent sessions \$125.00. For an LPC, or LSW - 1st session \$150.00, subsequent sessions \$100.00. For a Counselor in Training (CT) -\$125.00 1st session, subsequent sessions \$75, are payable at each visit. Your first session will be 80 minutes, subsequent sessions will last 50 minutes. The fee includes additional time for the counselor to make notes, fill out assessment forms, make telephone calls and referrals when needed, and to plan for the future sessions. Every effort will be made to begin and end promptly, but our commitment to respond to priority needs, such as psychological emergencies, may require you to be flexible and understanding.

If you are considering using insurance for reimbursement, you should discuss this option with your counselor prior to your first visit. Some insurance policies cover some percentage of outpatient counseling; however, you are ultimately responsible to pay any balance that your insurance company may not cover. Please note: many insurance companies have separate deductibles for mental/behavioral health versus physical health. Please check prior to your first visit to insure proper payment. Some insurance companies and Employee Assistant Programs (EAPs) also require a preauthorization prior to the first visit and will require an authorization code to process the payment.

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Please note that we do NOT bill any secondary insurance companies. You may bill this on your own. All co-pays and insurance deductibles are due at the time of service.

*****Non Cancellation and No-Show-No-Call Fee*****

There is a \$75 non-cancellation or no-show-no call fee for less than 24 hours for any session not attended or without a phone call prior to service.

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HELPFUL HINTS FOR YOUR FIRST SESSION

1. Bring your current, valid insurance card with you so we can make a copy of it.
2. Bring the forms that your counselor asked you to fill out in advance, that they either mailed to you or requested you download from our website.
3. If applicable be prepared to pay for the session in full or a co-pay or deductible.



Agape Christian Counseling Center

4. Make a list of ideas you want to talk about.
5. Make a list of questions that you have.
6. Remind yourself that asking questions during the session is a valuable thing to do.

CHILDREN

Because we care about the safety and well-being of your family, we ask that you provide supervision for your children in the waiting area if you bring them along with you to the counseling office. It is preferable that during parent's sessions and psychological testing that other arrangements are made for childcare. If other arrangements are not possible, please do not leave your children unattended while meeting with your therapist. Bring a relative or friend with you to care for them.

CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Professional standards regarding confidentiality are adhered to by our entire staff. Statutes require and/or permit us to notify specified others in situations of expected homicide, suicide, and child, adult, or dependent person abuse or neglect.

The services, programs, and facilities of Agape Christian Counseling Center are provided in a non-discriminatory basis, as required by the Civil Rights Act of 1964. All residents of Franklin and surrounding counties are eligible for services without discrimination on account of race, creed, color, religion, sex, national origin, age, handicap, or ancestry. Participants in the services offered by Agape Christian Counseling Center are entitled to rights and grievance procedures as required by Ohio Revised Code 5119.61 for Agape Christian Counseling Center and as provided for by Ohio Department of Mental Health Rule #5122: 2-1-02.

FOR YOUR UNDERSTANDING

1. This information is provided at the intake or the very next appointment.
2. Employees will provide an oral explanation of the rights of most interest to you.
3. A copy of the Client's Rights Policy and Grievance Procedure is posted in the waiting area of the Agape Christian Counseling Center office.
4. A complete copy of Client's Rights Policy and Grievance Procedure is provided to you herein.

CLIENT'S RIGHTS

Each client has the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent to or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current, written, individualized service plan that addresses one's own mental health, social and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;



Agape Christian Counseling Center

CLIENT'S RIGHTS (CONTINUED)

8. The right to freedom from unnecessary restraint or seclusion;
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or other service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written into the clients' current service plan;
10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse observation of techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
13. The right to confidentiality of communications and of all personally identifying information with the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parents or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with rule 5122.2-3-11 of the administrative code;
14. The right to have access to one's own treatment unless access to particular, identified items of information is specifically restricted for the individual client for clear treatment reason in the client's treatment plan. Clear treatment reasons shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is imminent risk. The person restricting the information shall explain to the client factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policy and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reason's for discontinuance of service provision, and to be involved in planning for the consequences of that event'
16. The right to receive an explanation of the reasons for denial of service;
17. The right not to be discriminated against in the provision of service on the basis of religion, color, creed, sex, national origin, age, life-style, race physical or mental handicap, or developmental disability.
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
21. The right to file a grievance; and
22. The right to have oral and written instructions, for filing a grievance.

CLIENTS RIGHTS OFFICER

Clients Rights Officer is available to assist clients with all aspects of client rights and the grievance procedure. This information is required by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board which regulates all licensed counselors.

Counselor and Social Worker, Marriage and Family Therapist Board: 50 W. Broad St., Ste. 1075, Columbus, OH 43215-5919 *614-466-0912