



Dr. Rick Petronella, Ph.D.
Clinical Director

Bethany Kinzel, MA, LPC, NCC
Licensed Professional Counselor

Charity L. Simpson, MS, LAPC, NCC, MDiv
Counselor & Program Director

Lisa Petronella, RN
Counseling Intern

Please know that we are committed to providing you with the best possible care. If you have medical insurance, we are eager to help you receive your maximum allowable benefits provided our services are eligible for reimbursement with your provider. In order to achieve these goals we need your assistance and your understanding of our policies.

CONFIDENTIALITY AND ITS LIMITATIONS

All communication between you (the patient/client and/or guardian) and your doctor/counselor/consultant/therapist is held in the strictest confidence and will not be released unless: 1) you authorize the release of information with your signature, 2) you present potential harm to yourself, 3) you present potential harm to others, 4) there is suspicion of abuse and/or neglect of a minor or elder, 5) the doctor/counseling therapist is ordered by a court to release the information.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*

EMERGENCIES

If you have an emergency after hours, please call or go directly to your nearest emergency room. The emergency room may reach your doctor/counselor/consultant/therapist by contacting the after-hours line. Alternately, you may contact one of the two psychiatric hospitals in the metro area: Ridgeview Institute (770) 434-4567 or Charter-Peachford Hospital (770) 455-3200. Either facility can provide emergency assessments on a 24-hour basis.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*

APPOINTMENT POLICY

You will be reminded of your appointment date and time 48 business hours prior to your appointment. Circumstances may arise that could cause you to miss your scheduled appointment. **Please call the office during business hours at least 48 hours in advance of your scheduled appointment to cancel/reschedule your appointment.** Monday appointments should be canceled by their respective hour on the preceding Thursday. You will be charged the full office visit fee if you cancel less than the 48 hour requirement. Late cancellation and “no show” fees are billed directly to you and cannot be billed to your insurance carrier.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*

CHILDCARE

Please make arrangements for the care of young children outside of this facility. Our building does not have provisions for childcare during your appointment. To ensure the best use of your appointment time without distraction, we ask that you leave young children not scheduled to be seen by a doctor/counselor/consultant/therapist at home.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*

SCHEDULING TIMES

Appointments are generally scheduled during regular business hours, Monday through Friday between 9:00 AM and 5:00 PM (Days and times available vary with each doctor/counselor/consultant/therapist. Please check with your respective professional for precise scheduling). Appointments are not typically scheduled on Saturday or Sunday. Appointments scheduled after normal business hours or on the weekends may be subject to additional fees.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*



Dr. Rick Petronella, Ph.D.
Clinical Director

Bethany Kinzel, MA, LPC, NCC
Licensed Professional Counselor

Charity L. Simpson, MS, LAPC, NCC, MDiv
Counselor & Program Director

Lisa Petronella, RN
Counseling Intern

TELEPHONE CALLS

Telephone calls are answered by a voice mail system when staff members are not available. We will do our best to return your call within 24 hours Monday through Thursday. Please note that messages left on Friday, Saturday, or Sunday will not be returned until the following Monday (in the event of holidays, the next business day). Many minor problems/concerns may be handled over the phone or via email and do not necessarily require an office visit. However, complicated consultations (requiring more than 5 minutes), coordination of treatment with your insurance carrier case manager, and authorizations/overrides will be subject to a fee of \$10.00 per 5 minute segment.

_____ Please initial here to indicate you have read, understood, and agree to this policy.

TIME IS IMPORTANT TO ALL OF US

We ask that you help us honor the time commitments we have with you and our other patients/clients. Your prompt arrival and adherence to the time allotted for your scheduled session (60-minute session) is expected. Please note the following situations: 1) If you are late for an appointment, your appointment will be honored or the time remaining and you will be charged for the original length of the appointment, 2) Should your doctor/counselor/therapist be late for your appointment, you will be billed only for the time spent in session; every attempt to schedule you for a full session in the near future will be made. Your well-being is of utmost importance to us; therefore, if the time allotted for your appointment is not adequate to address your issues of concern, we will schedule another session in the office or a telephone consultation to work through unresolved issues.

_____ Please initial here to indicate you have read, understood, and agree to this policy.

LETTERS/FORMS/REPORTS

There is a \$10.00 minimum charge per letter, form completion, and written report you request for schools, attorneys, insurance companies, etc. Please allow one week for your letter/form/report to be processed. The final cost of such correspondence will be determined based upon the amount of time required to fulfill such requests.

_____ Please initial here to indicate you have read, understood, and agree to this policy.

MEDICATIONS

We are unable to prescribe medications, but may make recommendations to your physician if the need for medication is indicated. Please note that all medications must be prescribed and refills obtained through your physician.

_____ Please initial here to indicate you have read, understood, and agree to this policy.

PAYMENT FOR SERVICES

Payment for services rendered is due at the time of your appointment. Cash, personal checks (made out to: Compass Consulting), or credit card is accepted. **A \$5.00 processing fee will be added to all payments made by credit card.** As with all of our clients, you are responsible for any pre-authorization needed with your insurance carrier. Clients must pay the balance due at the time of their visit. We will provide a copy of the bill for you to submit to your insurance carrier.

_____ Please initial here to indicate you have read, understood, and agree to this policy.

INSURANCE COVERAGE AND FILING

We do not file for insurance coverage or reimbursement for services rendered by this office. Please check with your insurance carrier prior to your scheduled appointment to determine if services received in this office are covered by your health plan. Filing insurance claims is your responsibility from the date that services are rendered.

_____ Please initial here to indicate you have read, understood, and agree to this policy.



Dr. Rick Petronella, Ph.D.
Clinical Director

Bethany Kinzel, MA, LPC, NCC
Licensed Professional Counselor

Charity L. Simpson, MS, LAPC, NCC, MDiv
Counselor & Program Director

Lisa Petronella, RN
Counseling Intern

PAST DUE ACCOUNTS

All accounts are due at the time of service and payable in full within thirty (30) days after receipt of the invoice. As of May 12, 2003, there will be a cumulating 10% finance charge for all balances over thirty (30) days. This finance charge will accrue each month until the balance is paid in full. We do understand that financial problems may sometimes affect timely payment of your account. If such problems arise, please contact the office for help in the management of your account. There are payment options available at no additional cost to you. If a payment agreement is not made with this office and recorded on file, additional appointments may be suspended and collections proceedings may begin if your account is 60 days past due.

_____ *Please initial here to indicate you have read, understood, and agree to this policy.*

I HAVE READ AND FULLY UNDERSTAND THE CONSENT & DISCLOSURE STATEMENT AS STATED ABOVE. I HEREBY AGREE TO THE POLICIES AND PROCEDURES OF THIS OFFICE.

SIGNATURE OF RESPONSIBILITY PARTY DATE

Thank you for allowing us to be of service to you, your family, and your friends. We look forward to working with you and will do all that we can to provide an atmosphere of mutual respect, trust, and comfort.

Rick J. Petronella, Ph.D.
Clinical Director

Bethany Kinzel, LPC, NCC, MA
Licensed Professional Counselor

Charity L. Simpson, LAPC NCC, MS, MDiv
Counselor & Program Director

Lisa Petronella, RN