

# ***New Path Counseling Center, LLC.***

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Westminster, Maryland 21157  
410-615-3469  
Fax- 1-800-251-0179  
www.newpathcounselingcenter.com

## **Policies for Clients**

Please read the information below and feel free to ask any questions. You have the right to ask for as much information as you would like in order to make an intelligent decision about the services you desire.

- 1. APPOINTMENTS:** Standard appointment time is 45-50 minutes for a psychotherapy session. If you want more time, please discuss this with your therapist. If you are consistently late that time will be lost from the session. Your therapist will make every effort to be available at the scheduled time. Clients attending weekly sessions will be given scheduling priority. Clients wanting bi-weekly or monthly appointments are not guaranteed their current time slot.
- 2. FAILED APPOINTMENTS:** The time that has been reserved for you, is your time. Appointments not cancelled 24 hours in advance will be charged a cancellation fee. You, not your insurance company, will be billed a fee of \$50.00 for appointments that are missed or canceled without 24 hours notice. Exceptions are rare. Repeated cancellations, with or without 24 hours notice, may result in discharge from the program, and a referral to another counseling agency.
- 3. BILLING:** Clients are responsible for obtaining accurate information from insurance or EAP carriers as to deductibles, co-payments, and pre-certification. Any errors in information received, resulting in a balance owed to the provider, will be the responsibility of the client to pay. Clients are responsible for becoming aware of any changes in their coverage and notifying their therapist. **Estimated co-payments are due at the time of service. Clients with an insurance deductible that has not been met, will be required to pay the "allowable contracted rate" at the time of service.** We accept cash and checks. We do not accept debit or credit cards at this time. Please make checks payable to Nicholas Palmieri LCADC CCDC, or New Path Counseling Center LLC. Clients are ultimately responsible for fee payment, regardless of coverage. Failure to pay in full, any balance owed to the provider, may result in the use of small claims court or a collection agency. Should this occur, the client understands that certain demographic or other personal information may be disclosed in an effort to collect an outstanding debt. Every effort will be made to keep the information to a minimum. Your signature below on page 2 authorizes your insurance company to pay New Path Counseling Center directly for their share of the fees.
- 4. TELEPHONE:** Telephone contacts between sessions should be limited to critical issues or appointment scheduling. If it all possible, telephone contacts should be limited to normal business hours (Monday-Friday, 8:30a.m. - 5:00p.m.) **Extended phone contact will result in a billed session.**
- 5. MISCELLANEOUS FEES:** **Returned checks** will result in a service charge of \$25.00 and future payments must be in cash. A fee will be assessed at the usual hourly rate for letters, reports, phone calls or consultation, for employers, attorneys, courts, probation offices, schools, etc. requested by the client.

Please check each statement and then sign below. I, undersigned,

- \_\_\_\_\_ have read/received a copy of this Office's Notice of Privacy Practices.
- \_\_\_\_\_ give consent for evaluation, psychotherapy, and/or EMDR
- \_\_\_\_\_ agree to the policies described above
- \_\_\_\_\_ have reviewed the Statement of Limits of Confidentiality.

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Please Print Name

Patient Name

Signature

Date

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the Acknowledgement.
- An emergency situation prevented us from obtaining Acknowledgement.