

Apostolic Christian Counseling and Family Services

515 East Highland Street, Morton, IL 61550

Phone 309-263-5536 • 877-370-9988 • Fax 309-263-6841 • www.accounseling.org

You've already taken the biggest step....

Deciding to pursue counseling is a big step for many people. We recognize the courage and determination it takes to decide to deal with the issues you are facing. Because counseling depends on honest, two-way communication, we want to explain what you can expect from us, as well as what we will expect of you while you are in counseling at ACCFS.

Office Hours and Rescheduling Appointments

- We provide counseling by appointment only.
- Each session lasts approximately 50 minutes unless otherwise specified.
- If you will be unable to keep a scheduled appointment, please cancel that appointment at least 24 hours in advance so that others can benefit from that open hour. Clients who regularly miss appointments may be charged for the missed appointment.

Emergencies

- ACCFS does not have staff to provide 24-hour crisis/emergency intervention.
- You may not be able to contact your counselor directly in time of crisis/emergency.
- If you are experiencing a life-threatening emergency (e.g., feeling suicidal), dial 911 or go to your local emergency room.
- If you live in Central Illinois you can call one of the following Emergency Response Service (ERS) numbers: Peoria County ERS 309-671-8084; Tazewell/Woodford County ERS 309-347-1148; McLean County ERS 800-662-HELP or 309-827-4005.

Confidentiality and Release of Information

- At ACCFS we work to provide you with a safe, private atmosphere and secure confidentiality.
- You have the right to have your treatment information kept private. However, there are certain situations, as required by law, in which your counselor is required to break confidentiality. There is a separate Client Confidentiality form that your counselor will go over with you prior to starting the first session. Please read it carefully and feel free to ask your counselor questions if you have any concerns.
- To ensure high quality services, your therapist will be supervised by a Licensed Clinical Psychologist (Ted Witzig, Jr., Ph.D.). Your therapist may also discuss issues in case consultations with other ACCFS therapists. All ACCFS therapists and staff are committed to maintaining high ethical standards and are bound by rules and laws of confidentiality. We will make every reasonable effort to assure your privacy.
- If you would like your counselor to speak with someone about your treatment (e.g. physician, minister, family member, etc.), you will need to give your permission in writing. Simply ask your counselor to fill out a Release of Information form. You can revoke your Release of Information, in writing, at any time.

Consent for E-Mail Correspondence

- While there are benefits to corresponding through e-mail, you need to be aware of, and agree to, the following provisions:
 - ACCFS cannot guarantee the confidentiality of the information on the computer you use to send or receive e-mail.
 - If other people in your home or office have access to your e-mail account, they may have access to your sent and/or received e-mails.
 - If you change your e-mail address or would like messages sent to a different e-mail account, you are responsible to inform your counselor at ACCFS.

Insurance

- ACCFS does not participate in any managed care insurance plans and does not bill insurance companies.
- If you decide to submit a claim to your insurance carrier, you are responsible for turning in all paperwork.
- At times, after a claim is submitted to an insurance company, they contact our office to obtain information about the diagnosis, treatment plan, licensure of the counselors, etc. If you submit a claim for mental health care provided by ACCFS to your insurance carrier and they contact us for more information, you give ACCFS permission for us to release any information necessary to file that claim.

Fees

- No one will be denied services because of inability to pay. Apostolic Christian Counseling and Family Services is a not-for-profit 501(c)(3) agency.
- Clients are asked to assess their ability to pay based on their convictions and circumstances. Individual circumstances may make it unfeasible to pay the recommended amount or make it possible to pay above the recommended amount.
- The fee schedule is established to help cover the costs to operate this service. In order to ensure that services are available for those unable to pay, clients are asked to pay up to their ability for each session.
- Your first session is called a “Diagnostic Interview” and will be approximately 60 minutes in length. The fee is \$140 for a Masters level counselor and \$160 for a Doctoral level counselor. Clients can view the sliding fee scale for the diagnostic interview at their first visit.
- These fees are discounted from standard professional counseling fees because they are subsidized by the Apostolic Christian Church of America.
- You have a responsibility to pay the fee that you agree upon and to let your counselor know about any problems with payment of fees.

Doctoral Level Counselor

<u>Annual Income</u>	Regular Session 50 min.
\$ 0 – 15K	\$ 30
\$15 – 30K	\$ 45
\$30 – 40K	\$ 60
\$40 – 50K	\$ 75
\$50 – 60K	\$ 95
\$60 – 70K	\$115
\$70+	\$130

Masters Level Counselor

<u>Annual Income</u>	Regular Session 50 min.
\$ 0 – 15K	\$ 15
\$15 – 30K	\$ 30
\$30 – 40K	\$ 45
\$40 – 50K	\$ 60
\$50 – 60K	\$ 80
\$60 – 70K	\$100
\$70+	\$115

Consent for Treatment

- You have the right to choose among various treatment options that can be used to deal with your issues.
- You have the right to know the risks and benefits of any counseling techniques used in your treatment.
- You have the right to know the clinical guidelines used in providing and managing your care.
- You have the right to know your counselor’s education/training, licensure and clinical specialties.
- By entering into this counseling arrangement you give consent to be treated by your counselor.

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS. I HAVE HAD ANY QUESTIONS ANSWERED BY MY COUNSELOR. I REALIZE THAT FAILURE TO FOLLOW THE GUIDELINES STATED ABOVE WILL COMPROMISE MY TREATMENT AT ACCFS AND MAY MEAN THAT MY CASE WILL BE TRANSFERRED TO A COUNSELOR OUTSIDE OF ACCFS.