

Sanctuary Christian Counseling: **OFFICE POLICY STATEMENT**

Welcome to Sanctuary Christian Counseling. We ask that you read and sign this office policy statement in order to indicate your understanding of our office procedures and your consent to receive treatment within these guidelines.

APPOINTMENTS:

All professional services are provided by appointment. The length of a therapy session is 50 minutes. Appointments can be made by contacting our office at 717.200.3158.

CANCELLATIONS AND MISSED APPOINTMENTS:

Your appointment time has been reserved exclusively for you. Frequent cancelling, arriving late or inconsistently scheduling sessions can impact your progress in therapy, as continuity is important to therapeutic success. We do our best to accommodate your schedule and find suitable times for us to meet, and it's important that you make these sessions a priority.

If you are unable to keep your appointment, please notify us at least 24 hours in advance so that time can be used for other clients. We have voice mail and email available for your convenience after hours. In the event you miss an appointment or cancel in less than 24 hours you will be responsible for the fees accrued.

If you are late for an appointment, please note that it will still end at the scheduled time.

If you cancel or do not show up for two consecutive appointments, you may be removed from the therapists list of active clients and will have to contact your therapist directly to reschedule.

CONFIDENTIALITY OF RECORDS:

All written and spoken information related to counseling services is held in strictest confidence. Information will not be provided to any third party without written authorization from you to do so except where legal exceptions to the general rule of confidentiality apply, as outlined in our informed consent. It is our policy that clinical records be given in case summary form and picked up at our Shippensburg offices in person.

EMERGENCY CONTACTS AND TELEPHONE NUMBERS:

In the event you find yourself in an **emergency situation** you should immediately **call 911**. Please do not leave an urgent message on our voice mail. If you need someone to talk to, call the **Crisis Intervention Hotline** at **717-264-2555**. Crisis Intervention is available 24 hours a day seven days a week. **Our staff is not available for emergencies, and we are not a crisis service.**

PAYMENTS:

Payment by check, cash or credit card is expected at the time of service. At this time we cannot accept insurance payments for therapy. A sliding fee scale may apply; please ask your therapist at the time of your first session. Your therapist will always

be willing to talk to you about the expected costs of therapy and their recommendation for the number of sessions you might need and to provide a “Good Faith Estimate” to you if you wish.

INSURANCE:

At this time we do not accept insurance. Many insurance companies will reimburse for out-of-pocket therapy fees, and we will be happy to provide receipts/superbills. Please check with your particular insurance provider. In these instances any sliding fee scale does not apply. We will always provide you with a “Good Faith Estimate” of expected costs if you request one.

SAFETY AND SECURITY: We promise to abide by these restrictions too.

*Please do not bring dangerous items or any type of weapon into the physical offices of Sanctuary Christian Counseling, even if you have a permit to do so.

*Please use good judgment about coming to therapy if you are ill, or if a member of your family is sick.

*Do not come to therapy if you are under the influence of any substance.

*Please do not engage in loud, threatening, dangerous, abusive or assaultive behavior anywhere on the premises of Sanctuary Christian Counseling.

I HAVE READ AND UNDERSTAND SANCTUARY CHRISTIAN COUNSELING’S OFFICE POLICIES AND AGREE TO ABIDE BY THEM ACCORDINGLY.

(Client 1 Signature)

(Date)

(Client 1 Printed Name)

(Client 2 Signature)

(Date)

(Client 2 Printed Name)

(Client 3 Signature)

(Date)

(Client 3 Printed Name)

(Client 4 Signature)

(Date)

(Client 4 Printed Name)