



Who We Are...

Renewal Christian Counseling and Ministry Center is a Professional Christian Counseling Center with clinical staff that are educated with degrees to at least a Master's level and are Bible-believing Christians. Christian Counseling at Renewal Center will utilize clinical resources to assess, diagnose and treat mental disorders in psychotherapy sessions. Christian principles such as prayer, inner-healing prayer, scripture, and referrals to other Christian ministries for support, may be used in addition to clinical services as needed **and agreed upon by mutual consent** of the clinician and the client.

Basic Procedures

Thanks for choosing our center to assist you. If you have any questions, please feel free to ask. The following is a working agreement between yourself and the center. By signing this form, you are agreeing to follow the conditions herein:

1. If you have requested that your medical insurance be billed for Mental Health services at Renewal, then Renewal Center will need to exchange information with your insurance company, such as your diagnosis and how many times you have been seen here. By signing the Basic Procedures, you are releasing Renewal Center and its insurance billing staff to communicate with your insurance provider and bill them for services.
2. The standard rate for clinical counseling services at Renewal is \$125 per fifty-minute session, and a sliding fee scale is available. The client and/or the custodian adult of a minor is responsible for payment of services on the day of your session. All unpaid balances will be turned over to a designated Credit Bureau. If you are using your health insurance to fund your counseling here, be advised that you are responsible for all fees not collected from your health insurance provider. Also, a \$25 fee will be charged for each bounced check.
3. Clients will be financially responsible for payment of appointments that are cancelled less than 24 hours prior to the scheduled session time or are missed without any notification. You will be charged \$45 for your first no-show or late cancellation and up to your full fee for each no-show or late cancellation after the first occurrence.
4. In case of an emergency, you may contact the 24-hour crisis line at (586) 307-9100 in Macomb County or (888) 225-4447 in St. Clair County.
5. You may request a psychiatric review with one of our psychiatrists, Dr. Bauer, Dr. Sepahbodi or Dr. Zylanoff, or you may be referred to one of them by your therapist if there are any medical or safety concerns. We ask that you furnish your Primary Care Physician's name and address to us also; we will defer to your doctor regarding any medical symptoms if you are not seen by a psychiatrist at Renewal Center.
6. In the best interest of our clients, your file will be reviewed by our medical director, and your private health information may be reviewed by a quality assurance committee that is made up of a multidisciplinary team of professionals.
7. Our first session will be a time of assessment and treatment recommendations. Continuation of treatment will be at the client and clinician's discretion. Renewal Center is willing to work with those who are ready and willing to change.
8. Smoking is prohibited in all areas of this agency.

24401 Capital Blvd., Clinton Township, MI 48036

Phone: (586) 783-2950 ☼ Fax: (586) 954-2126 ☼ Email: info@rccmc.org ☼ Website: www.RCCMC.org

Recipient Rights & Responsibilities

1. You have the right to get respectful treatment in a physically and emotionally safe treatment setting.
2. You have the right to decide not to enter therapy with any Renewal Center counselor. If you wish, we will provide you with the names of other good therapists that we can refer you to.
3. You have the right to end therapy at any time. You are expected to pay for any treatment you have already received.
4. You have the right to ask any questions at any time about what we do during therapy and to receive answers that satisfy you. If you wish, we will explain further any of our treatment modalities to you and you have the right to refuse any such intervention.
5. **CONFIDENTIALITY:** You have the right to privacy and the law binds our clinicians to confidentiality with certain exceptions. Refer to your "Notice of Privacy Practices" brochure for more specific information.
6. If your clinician wishes to tape record your session, he/she will get your permission in writing. You have the right to refuse any such request.
7. You have the right to review your diagnosis and treatment plan at any time.
8. You have the right to know the financial cost of treatment in advance of receiving services.

This agreement for psychotherapy between you and Renewal Christian Counseling and Ministry Center shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement **SHALL BE NEGOTIATED DIRECTLY BETWEEN THE PARTIES**. If these negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator WHICH CAN BE OUR Advisory Board members per our client's request. Should this fail to reach a mutually satisfying agreement, all disputes will be submitted to binding arbitration with a certified mediator.

A member of the Renewal staff has discussed with me the cost of service(s). If I am utilizing my insurance benefits to pay for services at Renewal Center, I agree to do what is necessary for me to arrange for timely payment by those companies. I authorize Renewal Center and its insurance billing staff to communicate with my insurance provider and to bill my insurance company using the information I have provided to him/her. I agree that I am responsible for all of the charges for services provided to me or my dependent that the insurance company does not pay. I agree to pay my balance in a timely manner. Client Initials _____

As a consumer/parent/guardian, I understand the rationale for the procedures, risks, consequences, and other relevant factors. I have been provided with an explanation of the program procedures, a description of the potential risks and discomforts that might be experienced, a description of the potential benefits of the program, and answers to inquiries concerning the program and alternative programs, if any. I acknowledge receipt of the Recipient Rights and Responsibilities that outlines my rights as a consumer of mental health services, and I consent to mental health services at Renewal Christian Counseling Center under the terms and responsibilities listed above.

Client Signature

Date

Guardian/Parent Signature (If applicable)

Date

Staff Signature

Date