

Ann B Bowen, LMFT, LPC, NCC
Gateway Counseling
20901 Torrence Chapel Rd, Suite 101, Cornelius, NC 28031
704-402-3101
abowencounsel@gmail.com

PATIENT RIGHTS AND RESPONSIBILITIES

Confidentiality

Privacy and confidentiality are of the utmost importance to the clinical relationship. The therapist will not share information with any person without your written permission, except as required by law, your insurance company or in a situation deemed potentially life-threatening. I grant permission to the therapist to communicate with my emergency contact person if a situation is deemed potentially life-threatening. I also authorize Gateway Counseling and/or Ann Bowen to furnish information to insurance carriers and referring physicians concerning my treatment and assign to the provider all payments for professional service rendered to yourself and your dependents.

Financial

You are responsible for providing current and accurate insurance information. Our office will file insurance claims as a courtesy to you unless you indicate otherwise. You are expected to pay all deductible and co-payment amounts at the time of each visit. You are responsible for the payment of all applicable fees at the time of service. All costs not covered by your insurance company will be your responsibility. If you are the parent or guardian of a minor, all costs not covered by your insurance company will be your responsibility. The office does not become involved with division of accounts between divorced parents.

Managed Care Clients

You are responsible for knowing the terms of your health contract benefits. Most managed care plans require pre-approval for mental health services. Non-compliance could lead to denial of benefits (payments for services). If you have entered therapy with this office under a managed care plan, please verify prior approval for services. If your insurance fails to pay on a timely basis (90 days), we will send you a statement of account notifying you that your claim is unpaid, at which time, you are responsible for any and all outstanding amounts. Under some managed care plans, the therapist is required to provide clinical information to a case manager after the initial session if additional sessions are needed. If you have any questions about this procedure, please feel free to discuss this with the therapist.

Appointments

Appointments are scheduled as a therapeutic hour consisting of forty five to sixty minutes, depending on your insurance coverage. In the event that you must cancel an appointment, please call the office at 704-402-3101 or email to abowencounsel@gmail.com **at least 24 hours in advance. Failure to give the required notice will result in you being billed for the appointment.** Insurance companies will not reimburse for missed appointments.

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Gateway Counseling’s Notice of Privacy Practices. This Notice describes how Gateway Counseling and Ann Bowen may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Waiver to Subpoena Records/Clinician

I understand that I am waiving all rights to subpoena records or verbal reports of the psychotherapy sessions provided by Ann Bowen, LMFT, LPC, NCC. My signature represents my agreement to not subpoena any records and that therapy is for the purpose of healing and will not be used to harm or disrespect anyone who might be included in the treatment.

SIGNATURE: _____ **DATE:** _____

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