



Ivy
COUNSELING
GROUP

NURTURING INTERNAL RESILIENCE & STRENGTH

Our Center Guidelines

182 Tamarack Circle • Skillman • New Jersey • 08558-2021 • 609-688-8300 • www.IvyCounselingGroup.com

Welcome to Ivy Counseling Group! It is our intention that these guidelines will familiarize you with some of our procedures and to facilitate a mutual working relationship between us.

- This paperwork needs to be completed and signed prior to your initial appointment.
- Payment for each appointment/group/workshop is required at the time of service.
- It is important that you understand that health insurance is a contract between you and your insurance company. We are out of network providers, check with your insurance provider whether you have out-of-network benefits. Please speak to our administrative staff regarding procedures for insurance reimbursement.
- Twenty-four hour notice is required to reschedule/cancel an appointment. For appointments cancelled within twenty-four hours, the full session fee will be charged. As a courtesy, your provider will allow you to reschedule an appointment. Individual therapy sessions will need to be rescheduled prior to the next occurring appointment.
- There will be a fee charged for any check returned from the bank. The charge will be assessed at the time of return.
- We recognize and believe that significant others and family members are an integral part of your healthcare. Please discuss with your practitioner how you can involve them in your treatment.

Ivy Counseling Group Team members agree:

1. To practice an integral approach, and therefore, when appropriate, recommend additional complementary therapy.
2. To continuously engage in your best interest. As a result, there may be time when your case is discussed at our clinical team meeting.
3. To require parental consent to engage in treatment or therapy with any one less than 18 years of age.
4. To uphold and respect the Federal Guidelines of Confidentiality. Your written and/or verbal permission is required before your case can be discussed, or information released to another person, therapist, institution or insurance company. However, there are legal requirements that limit your confidentiality in the case where someone is in imminent danger of hurting themselves or another person. In this case, we have a “duty to inform” the appropriate authorities.
5. To check their voice mail regularly so clients may call and leave a message anytime. Your call will be returned as soon as possible. However, should you have a medical/psychiatric emergency; you should immediately contact 911 or your local hospital emergency room.

I have read, understand and agree to the guidelines stated above:

Signature: _____ Date: _____

I understand that my credit card information listed below is kept on file as a convenience and will be billed automatically on the day of each appointment.

I have read and agree to the terms and conditions stated on the previous page of the Ivy Counseling Group Guidelines.

Name: _____ Amex Visa MC
(as it appears on Credit Card)

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Authorization to Release Information:

Your written permission is required before your case can be discussed or information released to another person, therapist, institution or insurance. Occasionally, insurance companies call to verify dates of service. In order to comply with the request, we need your permission to do so. Please read and sign the following:

I authorize the release of any medical or other information necessary to justify and to substantiate this statement and to process all associated insurance claims

Signature: _____

Date: _____

We are dedicated to cultivating a safe environment and support system that allows our clients to create health proactively. If you have any questions about any of our policies, please feel free to speak with any member of Ivy's team. Please retain a copy of these procedures for your records.

Thank you.
The Ivy Counseling Group