

Welcome **to the** **Center for Human Development**

THE COUNSELING PROCESS

We're glad you have chosen us. The counseling experience is a confidential, cooperative venture in which you seek the aid of a counselor to set new directions in life, or take steps toward resolving problems. Counseling is a collaborative process that endeavors to assist a person in changing the way they behave, think or feel. A counselor can assist in helping you, the client, gain a better self-understanding and explain available options. This investment into the future involves dedication and work within a safe, trusting, counseling relationship.

ORIENTATION:

At the Center, we consider the total person as a physical, social, psychological, intellectual and spiritual being and we address all five areas as appropriate. Although all beliefs will be treated with respect, we are committed to a Christian approach. We provide a safe environment to talk about beliefs as well as to engage one's faith for growth and healing.

GOAL SETTING:

It is important to establish personal goals for the counseling process. You may also want to outline personal strengths for achieving goals. During counseling sessions you may be:

- ◆ Given particular assignments
- ◆ Asked to complete some psychological tests
- ◆ Asked to invite immediate family members to participate in counseling

FEEDBACK:

A healthy and necessary part of counseling is to inform your counselor of your perceptions and experience. Feedback on the service of the Center is always welcome.

THE COUNSELING RECORD

Records are kept of your sessions at the Center for a period of at least seven years. You have the right to view your records. This request may be directed to our Records Clerk or Privacy Officer. Further details about your records and rights are posted or may be requested from the Receptionist.

CONFIDENTIALITY:

Your privacy is extremely important to us. It is complicated because of state and federal laws, as well as, our professional codes of ethics. Every effort is made to maintain records in a secure and confidential manner in a locked area. In most instances, your personal health information can only be released or sent to another party with your written consent. There are some exceptions to this rule. A record of all releases of information is maintained in your records. Please read carefully the NOTICE OF PRIVACY PRACTICES that you were given during your first visit. Additional copies of that form or specific information as to the circumstances under which your records could be released are available from the Privacy Officer.

PRIVACY COMPLAINTS/GRIEVANCE PROCEDURE:

Complaints about privacy violations can be directed to our Privacy Officer in person, by phone, in writing or by e-mail. If you feel your rights have been violated, you may file a grievance with the Center without penalty. You may present your grievance verbally or in writing.

HELPFUL INSURANCE TERMS

CO-PAYS & CO-INSURANCE:

Co-pays and co-insurances are the portion your insurance contract requires you to pay for services you receive. If you have a co-pay and/or co-insurance, payment for that amount will be expected at the time of the appointment.

DEDUCTIBLES:

A deductible is the amount that needs to be met before your insurance starts to pay. We will expect full payment from the client for each session until the deductible is paid in full.

INSURANCE MAXIMUMS:

Most policies have a maximum benefit allowed per year. Once that maximum is met, the client becomes financially responsible for payment of each session.

BILLING INFORMATION

You are ultimately responsible for fees related to counseling received. Please view any payment as an investment into an improved future. If you have insurance, we will submit your claim as a service to you. Please check in with the Receptionist to pay your co-pays and deductibles before each session. At our branch offices, payments may be made to the counselor.

Clients are billed for each 50 minute session. In the event there is no insurance coverage, payment is due at the time of service. In the event that you are unable to make payment, please contact our Business Manager to arrange a payment plan. It is our expectation that balances be paid within 90 days.

We accept cash, check, MasterCard and Visa.

RETURN CHECK CHARGE:

A \$30.00 service charge will be applied for any checks returned due to insufficient funds.

CANCELLATIONS:

Cancellations are required 24 hours in advance to avoid charges for missed appointments. Fees charged on this basis cannot be billed to insurance companies. We will, of course, take into consideration emergency situations.

CONTACTING US

ON THE WEB:

www.chdevelopment.org

BY E-MAIL:

chd@chdevelopment.org

BY PHONE:

(715) 842-0944
(800) 236-3792

BY FAX:

(715) 845-6477

BY MAIL:

631 Forest Street
Wausau, WI 54403-5524

AFTER HOURS OR EMERGENCY SERVICE:

(715) 842-0944 or (800) 236-3792

In the event of an emergency, or if you wish to leave a message after hours, our 24-hour phone service will provide you with instructions. Please DO NOT attempt to communicate emergency information by e-mail.

Welcome!