



## Office Policy

### Appointments must be cancelled at least 24 hours in advance.

- **Your insurance company will not pay for a missed session.** In order for us to continue to provide services to those who need them, ALL appt times must be filled with only those who desire to be at their appt at the designated time.
- “No shows” and last minute cancellations mean we are unable to fill that time slot with another client who may be waiting for an opening.
- **If you don’t show up for an appointment, or call to cancel at the last minute, there is a \$35 fee. (REAL EMERGENCIES ARE AN EXCEPTION).** IF this happens more than once, your therapist may decide to take you off the “standing” (same appointment time/day every week) schedule so that someone else may have that time slot.
- *Please do not schedule an appointment if you aren’t sure you can be there. Just call back to reschedule when you know for sure.*
- **If you know ahead of time (days, week, etc) that you will be out of town or unable to attend your standing appointment, please let your therapist know right away so they can put that in their calendar and that time will be available to someone else.**

### If you are having an emergency:

- Text your therapist to see if they have an available opening the same day.
- If you can’t wait, and it is the kind of emergency where there may be harm caused to yourself, your child, or someone else, go to the Cape Fear Emergency Room for an evaluation. If you are military, go to Womack Army Hospital for an evaluation.

### Your treatment is confidential and is shared with no one without your written consent. (For children, no information is shared with others without Parent/Guardian’s written consent.)

#### *There are 4 exceptions to this rule:*

- *The underage client is identified to be a danger to themselves or others. The parents will be informed. (Some children prefer to talk to therapist alone at times, please be assured that you will be informed if your child is suicidal or is wanting/planning to hurt someone else)*
- *The adult client is identified to be a serious danger to others (homicidal)*
- *Information required to be released by a legal/appropriate subpoena or court order*
- *Suspected abuse/neglect of a minor/elder/incompetent adult. (DSS will be informed)*

### If your child is currently or soon to be involved in a custody or court case or if you suspect sexual or physical abuse, please notify the intake worker of those issues first.

### Authorizations:

- Please familiarize yourself with the coverage and authorization procedures of your insurance company’s Behavioral Health Services, including criteria for continued sessions.
- CCS will take care of all authorizations for you. Please be assured we will only provide the basic info necessary for this procedure. If you have concerns about this process, please discuss this matter with your therapist.
- Medicaid authorizations require CCS to obtain a “Service Order” from your Doctor.
- Tricare clients who see an LPC (Licensed Professional Counselor) at CCS need an initial Doctor Referral. (Please discuss with the intake therapist if you have any questions).