Christian Counseling Center Inc

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Who We Are…

Renewal Christian Counseling Center is a professional Christian counseling center accredited with CARF (Commission on Accreditation of Rehabilitation Facilities). Renewal Center clinicians are Master's level practitioners who are state licensed, accredited, and insured to offer you the highest quality professional counseling services. Our counselors utilize clinical resources to assess, diagnose and treat mental disorders in psychotherapy sessions. Our fully licensed psychiatrists are also available for further diagnosis, medication evaluations and follow-ups. Christian principles 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 according to Person Centered Planning principles, which allow you to choose your goals and interventions.

Consent for Treatment

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 the conditions of our program:

1. 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.
2. You may request a psychiatric review with one of our psychiatrists, Dr. Bauer, Dr. Mazzara 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.
3. In the best interest of our clients, your file will be reviewed by our medical director. Your private health information may be reviewed by a quality assurance committee that is made up of a multidisciplinary team of professionals.
4. 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.
5. Smoking is prohibited in all areas of this agency.
6. Our hours of operation are generally M-F 9:00AM to 8:00PM and additional hours may be available upon request. Standard fees are applied according to your insurance co-pays, deductibles, or on a sliding fee schedule that is available upon request. Our referral sources at Renewal include online search, insurance company referrals, Community Mental Health Centers and community suggestion. Please refer to www.renewalcenter.org for a more complete description of our Substance Abuse, Mental Health and Play therapy services and to read about our history.
7. Criteria for entry into our Clinical Counseling Program and payment by your insurance company requires that you present any symptoms that you may be having and that you understand that these symptoms will be given a diagnostic code by your Clinician and your doctor which will be sent to the insurance carrier for billing. Medical necessity must be established in order for your insurance company to be billed, and clients that do not present with a diagnosable set of symptoms will be served through our "Coaching and Mentoring" Program.
8. Your clinician will be documenting the goals that you agree upon together for treatment and you will be given a copy of this plan unless you specify otherwise.
9. Clients presenting with symptoms that are assessed as high risk for safety issues may better meet the criteria for programs that are more intensive and may be referred by your clinician or doctor.
10. Upon alleviation of your mental health symptoms or completion of services, you will be asked to formalize a transition plan you're your clinician that defines your supports and the means to continue your recovery without clinical interventions.

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. However, 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 your request. Should this fail to reach a mutually satisfying agreement, all disputes will be submitted to binding arbitration with a certified mediator.*

As a consumer/parent/guardian, I understand the rationale for the procedures, risks, consequences, and other relevant factors. 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 _____ Staff Signature _____ Date _____

Guardian/Parent Signature (If applicable) _____ Date _____