

# Optima Behavioral Health, Inc.

## Teletherapy Agreement

Patient Name:	Date of Birth:
Provider Name: <input type="checkbox"/> Lori Baker, LISW <input type="checkbox"/> Glenn Byers, LISW <input type="checkbox"/> Diane Conn, LISW <input type="checkbox"/> Kayla Fuller, LISW <input type="checkbox"/> Dawn Schneir, LPCC <input type="checkbox"/> Debbie Sherman, LPCC <input type="checkbox"/> Vikki Spohn, LISW	

Please review this document regarding teletherapy services from Optima Behavioral Health, Inc. (OBH) and its associated providers. In accordance with the rules and regulations established by the State of Ohio Counselor and Social Worker Board, OBH is required to highlight the following stipulations:

1. Teletherapy sessions will be conducted via a web portal. You are responsible for informing your OBH provider with all the necessary information to establish this connection.
2. All teletherapy session times will be for **45-50** minutes in duration.
3. Payment is expected **before** or **at** the time of your session.
4. During the COVID-19 (Corona virus) crisis, all insurance plans have agreed to cover services. **The exception is that Medicare still does not pay for the LPCC licensure. Those visits will be billed at \$70 per session.**
5. This service is only available while insurance companies are paying for this type of visit and will cease after that point. Please check with your insurance company for additional questions on cost/coverage and availability.

Questions or concerns may be directed to Dawn Schneir, Business Manager, at (614) 759-5075.

*I have read and agree to the above terms for teletherapy services in full.*

Patient or Personal Representative Signature:	Date:
Name of Personal Representative (printed):	