

House of Transformation Therapy Services LLC

Outpatient Services General Informed Consent

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you hope to address. There are many different treatment methods (such as CBT, DBT, different types of Expressive Therapy, Crisis Intervention, EMDR, etc.) I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be the most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it such as a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communication in relationships, symptomatic relief and improved self-esteem. But, there are no guarantees as to what you will experience.

Our first few sessions will involve an assessment and evaluation of your needs. By the end of the assessment, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

CREDENTIALS and QUALIFICATIONS: As your therapist, I have a Master of Arts in Clinical Mental Health Counseling from Ashland Theological Seminary. I am licensed in the State of Ohio to provide psychotherapy and addiction specific services based on my training and education. The current State of Ohio licensures I hold are LPCC-S

(E.1901358-SUPV) and LICDC (LICDC.161366). I also have been awarded a status of “Certified Child and Adolescent Trauma Professional” (CATP), #285-62395 by Evergreen Certifications; and certified to practice EMDR based on completion of the EMDR-Part 1 Training by an EMDRIA Approved Certified trainer.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to begin psychotherapy, I will usually schedule one 53-minute session (one appointment hour of 53- minutes duration) per agreed upon frequency of sessions, at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment that we agree upon.

PROFESSIONAL FEES

My hourly fee is \$70 for a 53-minute session and Intake session. If we meet more than the usual time, we will discuss the extra charge accordingly. In addition to agreed upon frequency of appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other agreed upon service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$70 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of \$0.50 per page for records requests.

Cancellation, No Show or Late Arrival: In general, all client must provide a 24-hour notice in the event of a cancellation, which does not include weekends. This means if you have an appointment on 1:00 pm on Monday, you will need to have cancelled by 1:00 pm on the Friday prior, unless it is deemed beyond your control. Client will be charged \$40.00 for all no shows. Insurance companies do not pay for missed appointments; therefore, you will be responsible for the full amount charged. Client arriving late will not be provided an extension of time beyond what they were scheduled in most instances so as not to disrupt other client appointments. Additionally, if a client misses three (3) appointments, the

therapist has the option to terminate services and refer you to another clinic/provider for services.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I/we will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I/we will provide you with whatever information I/we can based on my/our experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, I/we am willing to call the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will try to assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all

insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I/we submit, if you request it. ***You understand that, by using your insurance, you authorize me/us to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by the insurance contract.

PSYCHOLOGICAL CRISIS SERVICES/CONTACTING ME

I am often not immediately available by telephone. I am usually in my office between 8:30 AM and 6:30 PM on Monday's and Friday's each week, unless I have notified you otherwise. I do not answer my phone when I am with client or otherwise unavailable. At these times, you may leave a message on my confidential voice mail (330-631-1319) and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I'm unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact your local County Community Mental Health Services (I can provide these numbers for you and are listed on the Internet), 2) contact National Suicide Prevention Lifeline 988 Suicide and Crisis Lifeline, 3) go to your nearest Local Hospital Emergency Room, or 4) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

ELECTRONIC COMMUNICATION POLICY

Refer to House of Transformation Therapy Services Telehealth and Electronic Communication Consent Form.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You have the right to also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right

to expect that I will not have social or sexual relationships with clients or with former clients.

CONFIDENTIALITY for adult patients

In general, the privacy of all communications between a patient and a Clinical Therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person or disabled person is being abused or has been abused, I am required to make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification, advice or legal advice, I will be unable to provide as the laws governing confidentiality are quite complex and I am not an attorney. If these issues arise, we will discuss potential options that may provide the best legal advice possible.

Refer to House of Transformation Therapy Services LLC Informed Consent for Telehealth and Electronic Communication for additional information and policies that apply.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative	Date
Description of Personal Representatives Authority	