

# Leading Lantern Counseling and Consulting

1120 Village Plaza, Columbiana, Ohio 44408 (330)-482-3974

## PATIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Unspecified

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widowed

Name of Spouse/Partner (if applicable): \_\_\_\_\_

Employment Status:  Full-time  Part-time  Retired  Unemployed  Disabled

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## FOR MINORS (Under age of 18 ONLY):

Mother's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT:

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PRIMARY CARE PHYSICIAN:

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**FINANCIAL AGREEMENT**

Client Name \_\_\_\_\_

**If you have medical insurance:**

We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office is accurate and current. If there is a change in your insurance information please let us know immediately. We will submit to secondary insurance as long as we are given the correct information.

**Deductibles, Co-Payments, and Co-Insurance:**

Co-Payments are constant and due at the time of service. Co-Insurances vary for each insurance policy and we can only approximate the percentage covered by each plan. Deductible rates are assigned by your insurance company and both co-insurance and deductible fees are due at the time the service is rendered.

**Authorizations:**

A copy of your insurance card is required at the time of the initial service. Often times, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on file at the initial service and the claim is denied for “no authorization”, you will be responsible for the payment.

**Provider Coverage:**

We are able to provide you with our list of providers who participate with your insurance company. However, we are not responsible for ensuring that our provider is covered under your particular plan provision. Each insurance company has multiple plans. The provider may participate with the insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is ultimately your responsibility to verify coverage for your particular plan. If the insurance company denies the claim for a plan provision, you will be responsible for the balance.

Medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account.

**Payment methods and other information:**

We accept Cash, Check and major credit cards.

All late cancellations and no shows will be billed \$50.00.

We require 24-hours notice in advance to avoid charges.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at anytime. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy or your financial responsibility.

**I acknowledge that I have read and agree to the above financial policy.**

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# **Leading Lantern Counseling and Consulting**

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## **CLINICIAN-CLIENT SERVICE AGREEMENT**

Welcome to Leading Lantern Counseling and Consulting. This agreement contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), the federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that you are provided with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, explains HIPAA and its application to your personal health information in greater detail. The law requires your signature acknowledging that you have been provided with this information before or at the time of your initial consultation. Any questions you might have about the procedures can be discussed at the time of your initial consultation. Although these documents are lengthy and complex, it is important that you read them carefully. The signed document will represent an agreement between you and the clinician/practice. You may revoke this Agreement in writing at any time. That revocation will be binding unless the clinician has taken action in reliance on it; if there are obligations imposed on the clinician by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

### **PSYCHOLOGICAL AND COUNSELING SERVICES**

Psychotherapy/counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings and symptoms. On the other hand, psychotherapy/counseling has also been shown to have benefits. It can often lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no assurances of what you might experience.

### **PROFESSIONAL FEES**

Professional fees are determined by the licensure of the service provider rendering the services and/or the nature of the clinical work. Services requiring legal involvement invoke fees for all professional time, including preparation and transportation costs, even if the clinician is called to testify for another party.

### **CONTACTING YOUR CLINICIAN**

Clinicians are often not immediately available by telephone, as they are at most times meeting with clients. The office telephone will be answered by a secretary during office hours. If no secretary is available, or if they are away from their desk, you are welcome to leave a message on the voicemail. Every effort will be made to return your call on the same day. Please provide phone numbers at which you can be reached and some times when you will be available. If you are unable to reach your clinician and feel you can't wait for a return call, contact your family physician, 211, or 911.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a clinician. In most situations, information about your treatment can only be released to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written prior consent. Your signature on this Agreement provides consent for the activities as follows:

A clinician may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the client. The other professionals are also legally bound to keep the information confidential. If you don't object, you will not be informed about these consultations unless it is deemed important.

You should be aware that this practice includes other mental health professionals and administrative staff. In most cases, it is necessary to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

There are some situations whereby the clinician is permitted or required to disclose information without either your consent or Authorization.

If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the privileged communication law. The clinician cannot provide any information without your (or your personal or legal representative's) written authorizations, or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order the clinician to disclose information. If a government agency is requesting the information for health oversight activities, the clinician may be required to provide it for them.

If a client files a complaint or lawsuit against the clinician, that clinician may disclose relevant information regarding the client in order to defend him/herself.

There are some situations in which the clinician is legally obligated to take actions, which he/she believes are necessary to attempt to protect others from harm. In doing so, the clinician may have to reveal some information about a client's treatment.

If the clinician knows or has reason to suspect that a child under 18 years of age, or a developmentally disabled, or physically impaired individual under the age of 21, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child/individual, the law requires that the clinician file a report with the appropriate government agency, usually the Children Services Board. Once such a report is filed, the clinician may be required to provide additional information.

If the clinician has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the law requires that the clinician reports such belief to the county Adult Protective Services. Once such a report has been filed, the clinician may be required to provide additional information.

If the clinician knows or has reasonable cause to believe that a client has been the victim of domestic violence, he/she must note that knowledge or belief and the basis for it in the client's record.

If the clinician believes that a patient presents a clear and substantial risk of imminent serious harm to him/herself or someone else and he/she believes that disclosure of certain information may serve to protect that individual, then the clinician must disclose that information to the appropriate public authorities, and/or the potential victim, and/or professional workers and/or the family of the client.

If such a situation arises, the clinician will make every effort to fully discuss it with you before taking any action that will limit the disclosure to what is necessary. While this written summary of exceptions of confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with the clinician any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

## **CLIENT RIGHTS**

HIPPA provides guidelines and policies regarding your rights to your Clinical Record and disclosures of protected health information. These rights: requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaint you make about policies and procedures recorded in your records; and the right to paper copy of this Agreement, the Notice form, and privacy policies and procedures.

## **MINORS AND PARENTS**

Clients who are under 14 years of age and who are not emancipated, along with their parents, should be aware that the law allows parents to examine their child's treatment records unless the clinician decides that such access would injure the child, or parties have agreed otherwise. While privacy in psychotherapy/counseling is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For children 14 and over, it is policy to request an agreement between the client and his/her parents allowing the clinician to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. The clinician will also provide parents with a summary of their child's treatment when complete. Before giving parents any information, the clinician will discuss the matter with the child, if possible, and will do his/her best to handle any objections the child may have.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held. If your account has not been paid for in more than 60 days and arrangements for payment have not been agreed upon, Leading Lantern Counseling and Consulting has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information that the clinician will release regarding a client's treatment is his/her name, the nature of services provided, dates of service and the amount due.

## **INSURANCE REIMBURSEMENT**

In order for Leading Lantern Counseling and Consulting, 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. However, you (not your insurance company) are responsible for full payment of the clinician's fees. It is very important that you find out exactly what mental health services your insurance policy covers.

If you have questions about the coverage, call your plan administrator. Of course, Leading Lantern Counseling and Consulting will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that your contract with your health insurance company requires that the clinician provide it with information relevant to the services provided to you. The clinician is required to provide a clinical diagnosis. Sometimes the clinician is required to provide additional clinical information such as treatment plans or summaries. In such situations, the clinician will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files. By signing this Agreement, you agree that the clinician can provide requested information to your insurance carrier.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT IN IT'S ENTIRETY, AND AGREE TO ACCEPT ITS TERMS. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPPA NOTICE FORM DESCRIBED ABOVE.**

\_\_\_\_\_  
Client or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date