

CONSENT FOR SERVICES

This form is called a Consent for Services (the "Consent"). Your provider, counselor, psychologist, doctor, or other health professional ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, ask your Provider.

THE THERAPY PROCESS

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. You may clarify with your Provider, any questions or concerns about this Consent document. You will discuss what to expect during therapy, the approach to therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. You will agree on a treatment plan, including attendance and treatment goals. After intake, you will attend regular therapy sessions at your Provider's office or through telehealth. Your goals may evolve and progress may be reviewed by you and your Provider from time to time. Participation in therapy is voluntary - you can stop at any time.

TELEHEALTH SERVICES

To use telehealth, you ideally need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Risks

Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information.

Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.

Technology. At times, you could have problems with your internet, video, or sound. If

you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions. Typically, a phone call will work, if necessary.

Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services. **Benefits Flexibility.** You can attend therapy wherever is convenient for you. You can attend telehealth sessions without worrying about traveling, so you can schedule less time per session and can attend therapy during inclement weather or illness.

Recommendations

- Privacy is essential. Make sure no other people can hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session without your Provider's permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session. If you're logging on from outside Ohio, please let your Provider know in advance.

CANCELLATIONS

If you cancel an appointment, you must notify us at least 24 hours before the scheduled time, or you will be billed the insurance-contracted or full-session rate, not just your copay. Insurance does not cover charges for unkept or late-canceled appointments. However, there will be no charge if you call at least 24 hours before the appointment time to cancel. There may be valid reasons, such as illness, for canceling without charge. If you have a contagious illness, please call to cancel even without 24 hours' notice: do not come to the office.

COMMUNICATIONS

You decide how to communicate with your Provider outside of your sessions. You have several options:

Telephone

Please try to make any phone calls to your provider during normal business hours. Lengthy phone consultations may be billed at your usual hourly rate. In emergencies, our 24-hour answering service can contact your provider. If the emergency cannot wait until your provider returns the call, please call the 24-hour mental health emergency number at 216-623-6888 or go to a hospital emergency room.

Texting/Email

- Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either

method.

Secure Communication

- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

Social Media/Review Websites

- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

FEES, PAYMENTS, AND HEALTH INSURANCE

When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

These are our fees, listed with the code numbers that may appear on the explanation of benefits statements from your insurance carrier. When using health insurance, your responsibility is based on the contracted rate, not the full fees appearing below:

90791- Diagnostic Evaluation - \$250

90832- Individual psychotherapy 30 minutes (16-37 minutes) – \$160

90834- Individual psychotherapy 45 minutes (38-52 minutes) – \$210

90837- Individual psychotherapy 60 minutes (53 minutes and above) – \$230

90846/90847- Family psychotherapy, client not present/client present - \$230

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal

information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are not covered by health insurance and would be your responsibility.

Although health insurance may aid in payment, you alone are responsible for paying for services. Your provider will answer any questions about payment arrangements. For routine problems involving payments and insurance, please call our office staff Monday through Thursday, 9 AM to 4 PM or Friday 9 AM to Noon.

The Practice suggests that you keep a valid credit or debit card on file. This card will only be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time.

All accounts are payable in full within 30 days after billing. Overdue accounts may be charged at 10% per year interest. If an account is overdue, regular payments are not being made, and no provision for payment has been made, we may turn the account over to a collection agency or attorney, as authorized by state or federal law. We reserve the right to collect any unpaid balance due. Clients will be notified in writing before Horizons takes such action to collect.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care. Your Provider will discuss this with you, in advance. If you will not authorize such contacts, please discuss with your Provider during Intake.

- Your Provider may speak to emergency personnel. If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- Horizons Clinical Staff routinely meets as a peer consultation group, with discussion of professional issues and cases. Any case-specific discussion will be documented in the treatment record. We take all necessary steps to protect your privacy and confidentiality.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If you are seen in couple, family or group therapy, you should be aware that Ohio laws concerning confidentiality are not clear. Horizons will not release information to other parties without your written permission except when allowed or required to do so by State or Federal law or if a court order requires us to release information.
- If the client is a minor, both parents have access to the minor child's record.
- 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 psychologist-client privilege law. Horizons cannot provide any information without your (or your personal or legal representative's) written authorization. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- You have the right to restrict certain disclosures of your record to your health insurance plan when you pay out-of-pocket in full for our services.
- If a client files a worker's compensation claim, the client must sign an authorization so that Horizons may release the information, records or reports relevant to the claim.

Some Providers keep Psychotherapy Notes, optional note-taking used to describe or analyze therapy sessions. Such notes are kept separately from your clinical record. Any disclosure of Psychotherapy Notes (with the exception of Worker's Compensation)

would require a separate written authorization from you. You can ask your Provider whether or not they are keeping such notes.

COMPLAINTS

If you are concerned that your Provider has violated your privacy rights, if you disagree with a decision your Provider made about access to your records or if you feel your Provider has engaged in improper or unethical behavior you can: talk to them about it; contact Lori Mendenhall, PsyD, 440-845-9011, at Horizons; send a written complaint to the US Department of Health and Human Services; contact the licensing board that issued your Provider's license; or contact your insurance company.

Client or Guardian (for minor clients):

Sign:

Print Name:

Date:

Other participants (for Couple/Family Therapy):

Sign:

Print Name:

Date:

Sign:

Print Name:

Date:
