

Positive Perspectives, Inc.
THERAPIST-CLIENT SERVICES AGREEMENT AND INFORMED CONSENT

PROFESSIONAL SERVICES AND BUSINESS POLICIES

During your first few sessions, your therapist will be gathering information about your background and the problems and symptoms you are experiencing in order to evaluate your needs. By the end of this assessment period we may be able to give you some impression of what your work will include and what goals you will be attempting to accomplish during your therapy. Therapy is shaped by your personality, the training and characteristics of your therapist, and the particular problems you are experiencing. Unlike most visits to a doctor or medical specialist, therapy involves an active partnership between you and your therapist.

Therapy has been shown to have many benefits that may include improved relationships, solutions to specific problems and significant reductions in feelings of personal distress. However, it is quite natural that on occasion you might experience feelings of discomfort during or after a therapy session due to problems you are working on. It is also possible that your problems could get worse. If this should happen, please talk with your therapist about it so that you can receive support and be reassured about any reactions you may be experiencing.

MEETINGS AND PROFESSIONAL FEES

Our therapists generally schedule one 45 to 60-minute session per week, and our current hourly fees range from \$100 to \$145. Some therapists routinely schedule clients every two weeks; feel free to discuss your preferences for session frequency with your therapist. Once an appointment hour is scheduled, you will be expected to pay a missed appointment fee of \$75 or a late cancellation fee of \$30 (for appointments cancelled without providing 24 hours advance notice of cancellation). Please note that insurance companies do not provide reimbursement for cancelled sessions, and the fee cannot be waived for illness, circumstances beyond your control, or personal crises.

In addition to weekly appointments, there may be a charge for other professional services you receive, including: report writing, telephone conversations, consulting with other professionals, preparation of records or treatment summaries, and legal proceedings that require our participation. Charges for record preparation will be made in accordance with the Ohio Revised Code 3701.741. Because of the difficulty of legal involvement, we charge \$135 per hour for preparation and attendance at any legal proceeding.

CONTACTING YOUR THERAPIST

As Independent Contractors, many of our therapists work for other organizations in addition to Positive Perspectives, Inc. and may be at various locations throughout the week. Your therapist will let you know how best to contact him or her. Due to the nature of our work, your therapist may not often be immediately available by telephone. However, our Voicemail system can record your message and convey it to your therapist as soon as possible. Please use Box #10 for all scheduling issues. When the office is closed, you are still able to leave a voice mail message with the appropriate staff person or your therapist. Please discuss contact options with your therapist.

Please discuss your therapist's specific crisis plan at your first session. If you are experiencing a crisis and are unable to reach your therapist, you may contact your physician or the nearest emergency room and ask for the mental health professional on call. You may also call the National Suicide Hotline at 1-800-SUICIDE (1-800-784-2433) or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255). If your therapist will be unavailable for an extended time, you may request that he or she provide you with the name of a colleague to contact if necessary.

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, or going through small claims court, which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client is demographic information completely unrelated to the details of treatment, such as name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for you to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. We will bill your insurance company and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers and if pre-certification is needed. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis, and sometimes we are required to provide treatment plans or summaries, or copies of your entire clinical record. By signing this Agreement, you agree that your therapist can provide requested information to your carrier. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above (unless prohibited by contract).

Your signature below indicates that you have read and agree to the terms of our policies. It also serves as an acknowledgement that you have been offered a copy of our HIPAA notification (your privacy protections and client rights with regard to the use and disclosure of your protected health information).

Client Signature

Date

Responsible Party if other than client (Please Print)

Relationship to client

Responsible Party Signature

Date