



2023 Intake Forms

Client Information

Full Name: _____
DOB: _____ Social Security Number: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone Number: _____
Name of Guardian: _____ Guardian's DOB: _____
Guardian's Phone # _____ Guardianship/Documentation: Y or N

Emergency Contact Information

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Insurance

Primary Insurance Company: _____
Address of Insurer: _____
Phone Number of Insurance Company: _____
Member ID #: _____ Group #: _____
Group Name: _____
Responsible Party: _____ DOB: _____
Relationship to client: _____ SSN: _____
Secondary Insurance Company: _____
Address of Insurer: _____
Phone Number of Insurance Company: _____
Member ID #: _____ Group #: _____
Group Name: _____
Responsible Party: _____ DOB: _____
Relationship to client: _____ SSN: _____

Consent for Treatment

I voluntarily agree to receive mental health assessment, care, treatment or services and authorize my therapist to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services that I receive through Searching 4 Life's Missing Pieces, LLC at any time. I also understand that there are no guarantees that treatment will be successful. By signing this Informed Consent to treat, I the undersigned client acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything that is unclear.

Client/Guardian Signature: _____ **Date:** _____



Acknowledgement of Informed Consent for Technology-Assisted Counseling

I have read and agree to the terms listed above in the informed Consent. I understand that psychotherapy treatment will be considered to take place in the State of Ohio (USA). I understand that telephone/online psychotherapy is not a substitute for medication management under the care of a psychiatrist, psychiatric nurse practitioner, or doctor. I understand that online and telephone therapy is not appropriate if I am experiencing a crisis of having suicidal or homicidal thoughts. In case of emergency situations, I will contact the resources listed in Section H above. I understand my signature is an agreement for psychotherapy services conducted with Searching 4 Life's Missing Pieces, LLC.

Client/Guardian Signature: _____ **Date:** _____

Authorization to Warn or Inform Third Parties

If my therapist reasonably believes that I am a danger, physically or emotionally, to myself or another person, by signing this informed consent, I specifically consent for the therapist to attempt to warn the person in danger and to attempt to contact any person in a position to prevent harm to myself or another person, in addition to medical and law enforcement personnel, and the following persons.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Notice of Privacy Practices

I hereby acknowledge that I have received and was given an opportunity to read a copy of Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact my therapist at s4lmp LLC@gmail.com or at 937-469-8145.

Client/Guardian Signature: _____ **Date:** _____

Client Acknowledgement of Statement of Fees

I hereby acknowledge that I have read the Statement of Fees. I acknowledge that **I am personally responsible** for the fees charged for receiving services at Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces. **I understand that insurance claims are submitted only as a service. I also understand that I must give a 24-hour notice of cancellation or a fee of \$45 will be charged to my credit card for failing to attend an appointment that I have made.**

Client/Guardian Signature: _____ **Date:** _____

Credit Card Guarantee

Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces requires a credit card guarantee for your account. Permission to Bill Credit Card

I am voluntarily offering this credit card guarantee if my managed care or insurance company denies my claim, or if I neglect to pay my co-payments, or for any other reason payment for services is not made. I am authorizing Searching 4 Life's Missing Pieces, LLC to bill my credit card for any outstanding balance.

Card Type: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover ☐ Other

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV Security Code: _____



Authorization to Release Information

- | | |
|--|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Continuing Care Plan |
| <input type="checkbox"/> Current Treatment Plan | <input type="checkbox"/> Current Treatment Update |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Discharge/Transfer Summary |
| <input type="checkbox"/> Presence/Participation in Treatment | <input type="checkbox"/> Progress in Treatment |
| <input type="checkbox"/> Psychosocial Evaluation | |

I authorize Searching 4 Life's Missing Pieces, LLC. To release/receive the files listed above **to/from the following office:**

Name: _____

Address: _____

Specialty: _____

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment, and when appropriate, coordinate treatment services.

I understand that I have a right to revoke this authorization, in writing at any time by sending a request to s4lmp LLC@gmail.com. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

I further understand that Searching 4 Life's Missing Pieces, LLC. will not condition my treatment on whether I give authorization for the requested disclosure. However, it has been explained to me that failure to sign this authorization may have the following consequences:

- Searching 4 Life's Missing Pieces, LLC. reserves the right to disclose information as permitted in this authorization in a manner we deem to be appropriate and consistent with applicable law, including, but not limited to verbally, in paper format, or electronically.
- Federal law prohibits the person or organization to whom disclosure is made from making further disclosure of information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42C.F.R Part 2.

Client/Guardian Printed Name: _____

Client/Guardian Signature: _____ **Date:** _____



Informed Consent and Client Information

Mental Health Services

The purpose of receiving mental health services is to help you better understand your situation, change your behavior, or move toward resolving your difficulties. Your therapist using their knowledge of human development and behavior will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to examine your own feelings thoughts and behavior and to try new approaches for changes to occur. You may bring your family members to a therapy session if you feel this would be helpful, or if this is recommended by your therapist.

The services offered can have benefits and risks. Since treatment 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, mental health treatment indicates positive benefits for people. Treatment may often lead to better relationships, solutions to specific problems, and a significant reduction in feelings of distress. **There are no guarantees of what you will experience with therapy.**

Scheduling Appointments

Please text 937-469-8145 with your request, and I will get back to you as soon as possible to schedule. You may also send an email to s4lmp LLC@gmail.com. **Please text or call to cancel appointments 24 hours before your scheduled appointment. YOU WILL BE CHARGED FOR NOT COMING IF NO MESSAGE IS LEFT. You will not be charged for appointments cancelled by the therapist due to illness or a crisis.**

Insurance companies will not cover this cost for you, so it is important that you call to cancel the appointment if you are unable to attend. **Appointments are 45 minutes for children; 50-55 minutes for adolescents and adults;** however, the length may vary for clinical reasons. The number of appointments depends on many factors and will be discussed by your therapist with you.

Relationship

The relationship with the therapist is a professional and therapeutic one. In order to preserve this relationship, it is imperative that your therapist and you do not have a relationship outside of the therapy office. This means we cannot be friends on social media or hang out after session at the pub. However, **texting the therapist about issues is permitted** if you realize that if the therapist is in session they will not respond immediately to your text.

Goals, Purposes, and Techniques

The treatment for the problems that you are experiencing may come in many forms. Please feel free to discuss any concerns you have about the treatment you are receiving. If you need clarification, please ask. This is a team effort and communication is key to resolving conflicts. Goals for therapy may change as different issues are uncovered. Thus, the goal of therapy may need adjusted, and you and the therapist will determine how to effect the changes you seek.

Confidentiality and Limitations/Legal obligations

The law protects the privacy of all communications between a client and a therapist. In most situations, Searching 4 Life's Missing Pieces can only release information about your treatment to others if you sign a written authorization form. However, disclosure of information either with or without your consent or authorization may be required in some situations.

For example:

- If you are involved in court proceedings and a request is made for information concerning your treatment, we cannot provide such information without your (or legal representative's) written authorization or a court order. Please consult with your attorney about the potential of the court ordering your therapist to disclose information.



- We may be required to disclose information about you if a government agency is requesting the information.
- We may disclose relevant information about your therapy treatments, if you file a complaint or lawsuit against your therapist or this office.
- We may disclose a copy of your records or a report of your treatment if you file a worker's compensation claim.

Situations in which the therapist is legally obligated to take action to protect others from harm are as follows:

- If your therapist has reason to believe that a child or a vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.
- If the therapist believes you present a clear and substantial danger to yourself and/or others, they will take protective actions. These may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and notifying police.
- If you divulge that you are anyone who have committed a felony that has not already been reported or investigated your therapist is required by law to report this information to law enforcement.

This summary is designed to provide an overview of confidentiality and its limits, it is important that you read the Notice of Privacy Practices in more detail.

Professional Records

The laws and standards of our profession require that we keep Protected Health Information about you in your clinical record. Your clinical record includes information about your reasons for seeking therapy, a description of the ways in which your problems affects your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that we receive from other providers, reports of any professional consultations, any payment records, and copies of reports that have been sent to anyone. You may examine/receive a copy of your clinical record if you request it in writing by emailing s4lmpc@gmail.com. The exception to receiving these records would be if you are a danger to yourself/others or if another individual or health care provider is mentioned, and we determine that disclosing the information will put someone at risk of harm. Because these are professional records, they can be misinterpreted and upsetting to untrained readers. We therefore recommend that you initially review them with your therapist or have them forwarded to another mental health provider, so you can discuss the contents with them. You will be charged for a copy of your Records (\$0.25/page). If we refuse your request for access to your records you have a right to review, which we will discuss upon request. In addition, your therapist may keep a set of psychotherapy notes which are for their own use and designed to assist them in providing you with the best treatment. These notes are kept separate from your clinical record and are not released with your clinical record.

Minors

If you are under 18 years of age, please be aware that by law provides your parents the right to examine your treatment records. Before giving your parents any information we will discuss the matter with you and do our best to handle any objections that you may have.

After-Hours Emergencies

Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces does not offer after-hours therapy care when the office is closed. However, while some therapists may be willing to respond to a text after hours, you may not get a response. So, it is important you leave a detailed message, which will be addressed as soon as possible. In the event of a physical emergency, go directly to



the nearest hospital emergency room, or call 911. For a mental health crisis, please contact **Montgomery County Crisis Line at 833-580-2255** or **Greene County 937-376-8701** or **National 800-273-8255**.

Therapist Incapacity or Death

If your therapist becomes incapacitated or dies, it will become necessary for another therapist to take over my case; In doing so they also possession of my clinical record. By signing this Informed Consent, I give my consent to allowing another licensed mental health professional selected by Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces to take possession of my file and records and provide me with copies upon request or deliver them to a therapist of my choice. I will select a successor therapist within a reasonable time and will notify the appointed licensed mental health professional.

Informed Consent for Technology-Assisted Counseling

The Technology-Assisted Counseling Process

The purpose of this Informed consent for Technology Assisted Counseling is to inform you, the client, about the process of online counseling services, the counselor and potential risks and benefits of these services. The purpose is to also help safeguard you, the client, and give you information regarding alternatives to online services. This consent is an addendum to the face 2 face informed consent you; the client is required to sign. Please print this document, read the entire document, and acknowledge that you have read the document, sign it, and email it to s4lmp LLC@gmail.com.

Privacy and Confidentiality

Maintaining client confidentiality is extremely important. The counselor will take extraordinary care and consideration to prevent unnecessary disclosure. Information about the client will only be released with his or her permission with the following exceptions:

- If the counselor believes that, someone is seriously considering or likely to attempt suicide.
- If the counselor believes that, someone intends to assault another person.
- If the counselor believes that someone is engaging, or intends to engage in behavior, which will expose another person to a potentially life-threatening communicable disease.
- If the counselor suspects abuse, neglect, or exploitation of a minor or incapacitated adult.
- If the counselor believes someone's mental condition leaves the person gravely disabled. If you divulge that, you or anyone has committed a felony that has not already been reported or investigated, our counselors are required by law to report said activity to law enforcement.

Although the internet provides the appearance of anonymity and privacy in counseling, privacy is more of an issue online than in person. The client is responsible for understanding the potential risks of confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café.

Other potential risks of breaching confidentiality could include messages failing to be received if they are sent to the wrong address, or if they are just not noticed by the counselor. Confidentiality could be breached in transit by hackers, or internet service providers, or at either end by others with access to the client's account or computer. Clients accessing the internet from public locations such as a library, computer lab, or café should consider the visibility of their screen to people around them. Position yourself to avoid others seeing your screen. Using cell phones can be risky in that signals are scrambles but rarely encrypted.



The counselor has a right to their privacy and may restrict the use of any copies or recordings the client makes of their communications. ***Clients must seek the permission of the counselor before recording any portion of the session and/or posting any portion of said sessions on internet websites such as Facebook or YouTube.***

The client is responsible for securing their own computer hardware, internet access points, chat software, email and passwords that are encrypted, secure, and HIPPA compliant when possible. If encryptions is not made available to the client, the client should be aware that they are risking unauthorized monitoring of transmissions and/or records of Internet counseling sessions. You agree to work with us online using doxy.me encrypted video chat service, which is HIPPA compliant. A link will be sent to you via text or email prior to the first online session; The link remains the same for every session. Additionally,

- If you call us, please be aware that unless we are both on land line phones the conversation is NOT confidential.
- Any computer files referencing our communication are maintained using secure and encrypted measures
- We will not respond to personal and clinical concerns via regular email.

We make every effort to keep all information confidential. Likewise, if we are working online together, we ask that you determine who has access to your computer and electronic information from your location. This would include family members, coworkers, supervisors, and friends and whether confidentiality from your work or personal computer may be compromised due to such programs as a key logger (a program that saves your passwords, information, or commonly used words).

We encourage you to communicate through a computer that you know is safe (e.g., wherein confidentiality is insured). Be sure to exit all online counseling sessions and emails. If you used a location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We do not place our practice as a check-in location. However, if you have GPS tracing enabled on your device it is possible that others may surmise that you are a therapy client due to regular check-ins at our office. Please be aware of this risk if you are intentionally “checking in” from our office or if you have a passive LBS app enabled on your phone.

We may need to consult with other professionals regarding our clients, however, the client’s name or other identifying information is never disclosed. The client’s identity remains completely anonymous, and confidentiality is fully maintained.

It is not a regular part of our practice to search for client information online through search engines such as Google or social media sites such as Facebook. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with us via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you when we next meet.

Lack of Non-Verbal Cues and Asynchronous Communication

The client should be aware that misunderstandings are possible with telephone, text-based modalities such as email, and real-time internet chat, since non-verbal cues are relatively lacking. Even with video chat software, misunderstandings may occur since bandwidth is always limited and images lack detail. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. If you have never engaged in online counseling before, have patience with the process and clarify information if you think your counselor has not understood you well. Be patient if your counselor asks periodically for clarification as well.



Since asynchronous communication is “not in real time”, turnaround time for responding to emails will “lag” a response. Be aware of different time zones as well. The counselor will make every effort to respond to email requests within 12–24-hour period. Work with your counselor to identify local resources if you have concerns about the timeliness of responses.

Benefits of Receiving Technology-Assisted Counseling

Potential benefits of receiving mental health services online include both the circumstances in which the counselor considers online mental health services appropriate and the possible advantages of providing those services online. For example, the **potential benefits of email** may include 1) being able to send and receive messages at any time of the day or night; 2) never having to leave messages with intermediaries, avoiding voice mail, and “telephone tag”; 3) being able to take as long as one wants to compose and having the opportunity to reflect on one’s messages; 4) automatically having a record of communications to refer to later; and 5) feeling less inhibited than in person. **Text-based chat** has many of the same advantages as 1) convenience; 2) feeling reduced scrutiny from the counselor; 3) having time to compose a response; and 4) being able to refer back to chat logs for reference. **Video chat** is also 1) convenient allowing clients to potentially be counseled from anywhere once one gains an internet signal and can operate the necessary hardware.

Potential Risks of Receiving Technology-Assisted Counseling & Safeguards

There are various risks related to providing technology-assisted counseling services related to the technology used, the distance between counselor and client, and issues related to timeliness. These risks of concerns for privacy and confidentiality were mentioned in section A above. Your counselor has selected a chat and videoconferencing account that is encrypted with a HIPPA compliant secure platform to allow for the highest possible security and confidentiality of your sessions. Your personal information is encrypted and stored on a secure server.

The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping their email and chat ID’s and passwords secret, and maintaining security of their wireless internet access points (where possible). Please discuss any such concerns with your counselor during your first session to develop ways to limit risks. If there is ever a disruption or disconnection of services on the internet the client may call 937-469-8145 and leave a message about their internet issue.

Dual Relationships and social media

Dual relationships can impair the therapeutic process, your therapist’s objectivity, clinical judgment, or therapeutic effectiveness that could be exploitative in nature. We will never acknowledge working therapeutically with anyone without the client’s written permission. In some instances, even with permission, we will preserve the integrity of our working relationship.

Alternatives to Technology-Assisted Counseling, Termination, and Referrals

Online counseling may not be appropriate for many types of clients including those who have numerous concerns over the risks of internet counseling, clients with active suicidal/homicidal thoughts, clients who are experiencing active manic/psychotic symptoms, or clients who are minors. An alternative to receiving mental health services online would be receiving mental health services face to face with the counselor or adjunct using both modalities and working with another counselor. The online counselor can and will assist clients who would like to explore face to face options in their local area. Many state and local agencies will treat low income clients on a sliding fee scale. Also, we do not accept clients, who in our opinion we cannot help. In such cases, we will give you several referrals that you may contact. If at any point during psychotherapy we assess that we are not effective in helping you reach your therapeutic goals, we are obliged to discuss this with you up to and including termination of treatment. In such a case, we will give you a few referrals that may be of help to you. You have the right to terminate therapy



at any time. Please feel free to request a referral any time you think a different counseling relationship would be more practical or beneficial for you, if you choose to do so, we will offer to provide you with the names of other qualified professionals whose services you might prefer.

Proxies

The counselor only provides treatment via technology to clients who are legally able to consent for themselves to receive mental health services. Clients who are not in such positions include children under the age of consent (age 18 in most cases) or clients who have a legally appointed guardian.

Telephone and Emergency Procedures

If you need to reach your therapist between sessions to alert us of an emergency, you may call 937-469-8145 and leave a message or email s4lmp1lc@gmail.com. Your call will be returned as soon as possible. Messages are checked daily; however, weekends and holidays may delay a response. If the client is in a state of crisis or emergency, the counselor recommends the client dial 911 or go to your local emergency department.

Records

The counselor will maintain records of online counseling services. These records can include reference notes, copies of transcripts of chat and internet communications, and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the American Counseling Association and the State of Ohio Counselor Social Worker Marriage and Family Therapist Board. The client will be asked in advance for permission before recording any audio or video session.

Fee for Service and Cancellation Policy

All payments will be processed via our office. Our practice is “fee for service” and that means that fees are due at the time of your appointment. We take insurance as long as they reimburse for online psychotherapy. Since Scheduling of an appointment involves the reservation of time specifically for you, a minimum 24-hour notice is required for re-scheduling or canceling an appointment. **A fee of \$45 will be charged for sessions that you miss without notification.** If we are scheduled for an online synchronous chat, audio or video conference and we are unable to connect or are disconnected during a session due to technological breakdown, please try to reconnect within ten minutes. If reconnection is not possible, contact us to schedule a new time.

Notice of Privacy Practices

Your health record contains personal information about you and your health/mental health. This information, which is about you, and relates to your past, present, and future health/mental health or condition and related health care services; these are referred to as your Protected Health Information or “PHI”. This notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the American Counseling Association Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notices of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.



How we may use and disclose health information about you

For treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your mental health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI wot any other consultant only with your authorization.

For payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Example of payment-related activities are determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities. If it becomes necessary to use the collection process due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for the purposes of collection.

For health Care Operations: We may use or disclose as needed, your PHI in order to support our business activities, including but not limited to quality assessment activities, employee, review activities. Licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training and teaching purposes. PHI will be disclosed only with your authorization, only with your authorization.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are

- Required by law, such as the mandatory reporting of child abuse or neglect, to mandatory government agency audits or investigations (such as the Counselor Social Worker Marriage and Family Therapist licensing board or the local health department).
- Required by court order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI, which we maintain. To exercise any of these rights please submit your request in writing to s4lmpllc@gmail.com.

- **Right of Access to Inspect and Copy:** You have the right to inspect and copy your PHI; this right may be restricted only in exceptional circumstances if needed to make decisions about your care. Your right to inspect and copy your PHI may be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.



- Right to Amend; If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment. Please make your request for an amendment in writing at s4lmpc@gmail.com.
- Right to an Accounting of Disclosures: You have the right to request an accounting of the disclosures that we make of your PHI.
- Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- Right to a copy of this Notice. You have the right to a copy of this notice.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing at s4lmpc@gmail.com. You may also file a complaint with the Counselor Social Worker Marriage and Family Therapist board at the following website: <https://cswmft.ohio.gov/wps/portal/gov/cswmft/for-the-public/file-a-complaint-eLicense-portal>.

Statement of Fees

Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces charges a fee for providing psychotherapy services. Our fees are based on the Centers for Medicare & Medicaid Services (CMS) allowable fee and are as listed:

Sessions with a Licensed Professional Clinical Counselor

- \$221.95 for an Initial Visit
- \$187.61 for a 60-minute therapy session
- \$127.09 for a 45-minute therapy session
- \$ 95.65 for a 30-minute therapy session
- \$ 33.85 for group therapy session

For Clients with Insurance

As a courtesy to our clients, we obtain benefit information and authorization necessary for your visits. However, should your insurance not cover your visits, **you will be held responsible for payment.** Copays are due at the time of service. If a copay is not paid in full on the date of service, **you will be charged an additional fee of \$10.**

For all Clients

- Account balances shall not exceed \$100
- **Clients are responsible for providing Searching 4 Life's Missing Pieces, LLC 4 Life's Missing Pieces with any changes to your address, phone number or insurance information.**
- Clients are responsible for cancelling appointments with at least 24-hour notice. **A fee of \$45 will be charged for sessions that you miss without notification.** Clients who Late Cancel (LC) or NO Show (NS) three times will receive a warning letter. Once the warning has been sent if a client again LC/NS they will receive a termination letter.



- As a courtesy, we provide reminder calls or texts for your appointments. However, if you do not receive the reminder, you are still responsible for your appointment date and time.
- Therapy sessions are 45 minutes for children under 10; 50-55 minutes for adolescents, teens, and adults. Your managed care and insurance company contracts may have pre-set fees that we are required to accept. 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. We will fill out forms 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 any fees.** It is very important that you find out exactly what mental health services your policy covers. You should also be aware that **most insurance companies require you to authorize us to provide them with clinical diagnosis.** Sometimes we must provide additional clinical information such as treatment plans, or in rare cases, summaries or copies of the entire record. This information will become part of the insurance company files and will probably be stored on their server. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands.

Fees for court actions, legal filings, and record requests

The following fees are in effect when any request is made regarding legal action or court involvement.

- **Court Appearance** – All subpoenas for court should arrive at least a week prior to the expected appearance. A **fee of \$2500 will be billed for the counselor's time** away from clients and the inconvenience of having to reschedule their day. This fee is due even if the counselor does not testify that day. If the case is reset with less than 72 hours' notice, an additional \$1000 will be billed.
- **Affidavits/Depositions-** The time required for these **are billed at \$500 per hour.**
- **Records for Court-** Requests for records must be in writing from the attorney and/or have a release signed by the client. **No additional fee will be assessed for records.**
- **Court Fees-** The client will receive a written statement of court fees. You may submit that statement to your attorney. Please notify the office that you have done so. **Otherwise, if a payment is not received within two weeks a charge to your credit card on file will be made.**

Billing questions may be sent to s4lmpc@gmail.com