



Office Policies and Procedures

Welcome to Cleveland Integrative Counseling (CIC). We realize that seeking support and starting counseling is a major decision and that you may have questions. This document is intended to inform you of our policies, state and federal laws, and of most importance, your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

PROVISION OF SERVICES

Please understand that CIC offers a variety of clinical services including: assessment, individual, group and family counseling, educational workshops, and therapy/support groups.

During the initial visit we will work together to determine how we might be able to best to serve your needs. Referrals will be provided to you if it is determined that you would be best served by another professional. Our services are voluntary and you are free to limit or end services at any time.

When you obtain services from our practice, you will be required to read and sign the last page of this document stating that you understand, accept, and are willing to abide by these policies and procedures.

APPOINTMENTS

Services are provided by appointment only. In most cases, future appointments will be scheduled by your clinician at the end of your visit. If you cannot keep a scheduled appointment, please notify us at least 24 hours prior to the appointment. If you cancel with less than 24 hours notice you will be charged for the session fee. This fee is due by the start of the next session, or within 30 days. **This cost is not covered by insurance.**

Therapy sessions are 50 minutes long. The time begins at your scheduled appointment time and concludes at the scheduled end time. If you are late for your appointment, you are still responsible for the full fee for the session.

FINANCIAL RESPONSIBILITY AND BILLING INFORMATION

Cleveland Integrative Counseling is fee-for-service and payment is expected at the time of service, unless we agree otherwise. We accept check, cash, and credit card. A fee of \$30 will be charged for any returned checks. If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, we have the option of using legal means to secure payment, including collection agencies or small claims court. (If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.)

INSURANCE REIMBURSEMENT:

IN NETWORK: Cleveland Integrative Counseling is contracted with Medical Mutual. It is the patients responsibility to determine if there is coverage within your particular policy; although you may have Medical Mutual Insurance, it is essential that you ensure your particular policy lists Cleveland Integrative Counseling as in-network. If an insurance claim is submitted on your behalf, and is denied, **the patient is responsible for the cost of the session.** We require that a credit card be kept on file to keep accounts current, should a situation such as this arise.

OUT OF NETWORK: Working with your Insurance Company Health services may be covered in full or in part by your health insurance or employee benefit plan. Although we are considered out-of-network for most insurance carriers, some of our patients are able to obtain reimbursements from their insurance carriers. Most PPO policies will reimburse between 60-80% after your deductible is met; however, out-of-network benefits vary among carriers.

Clients will receive a Super Bill with all the information needed to seek reimbursement from traditional insurers or from health care spending accounts. Figuring out what else might be required of the insurance companies is up to you. These statements are typically sufficient to obtain reimbursement. You should also be aware that most insurance agreements require you to authorize our office to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or, in some cases, a copy of the entire record. This information then becomes part of the insurance company's files, and we have no control over what is done with the information. We require payment in full for services at the time of each visit. Upon request, a fee schedule can be provided.

We currently accept Cash, Check, and MasterCard, Visa, American Express, and Discover cards. We also accept HSA cards issued by your insurance company, however it is your responsibility to ensure our services are covered under your plan.

It is the responsibility of the client to notify Cleveland Integrative Counseling of any new or updated information regarding the client, including but not limited to, payment information, address, phone number, e-mail, etc.

Professional Fees: Court appearances, depositions, and attorney consultations are \$175.00 per hour (includes all time involved in preparation, research, attorney fees incurred by the therapist, parking fees, mileage, travel time to and from the courthouse and all other expenses incurred in relation to testifying). Upon request, a fee schedule with additional charges may be provided. Clients are discouraged from having their therapist subpoenaed.

Returned Checks: There is a \$40.00 charge on all returned checks. If the check is returned, the counselor may ask for cash or credit card for future payments.

TELEPHONE CALLS AND EMAILS

Clinicians **do not** respond to phone calls and e-mails during sessions. If your clinician is unavailable, the phone call will be answered by voicemail. We attempt to return routine phone calls within 24 hours during normal business days.

Please keep in mind that discussion of treatment issues by phone, as well as calls to obtain insurance reimbursement, will be kept under 10 minutes, unless otherwise specified. Issues re-

quiring a discussion longer than 10 minutes will be billed to the client at a prorated session rate. This service is not customarily reimbursed by insurance companies.

E-mail responses that exceed 10 minutes in length to complete will be billed at a pro-rated session rate and are due by the next session or within 30 days, whichever comes first.

If report/document preparation is requested, documents related to history, background information, school behavior, or testing are billed at the rate of \$2.00 per minute.

E-mail is never to be used in an emergency situation. In the event of an emergency, please call our office during normal business hours. If necessary, call 911 or go to your local emergency room.

EDUCATIONAL SERVICES

Classes, workshops, and groups provided by CIC are educational in nature, and are not considered to be counseling. Although confidentiality is encouraged within the class, workshops, and groups, because it is educational, there is no assurance of confidentiality from the other group members. We will outline expectation, including confidentiality for group sessions, however we cannot guarantee complete confidentiality.

TREATMENT COORDINATION

For the purpose of coordination of care, we may need to share information with other behavioral healthcare professionals involved in your child/family's care. If your child is receiving ongoing services from a behavioral healthcare professional outside of CIC, we must have your permission to share appropriate information with that individual/group in order to provide services to your child. We may also desire to share information relevant to your child with their primary care physician. **We reserve the right to discontinue services if we believe the outside services interfere with our ability to provide the highest quality of treatment to your child/family.**

CONFIDENTIALITY

In general, state and federal laws protect the privacy of all communications between a patient and a counselor or therapist, and information about our work will only be released with your written permission. There are a few exceptions, which are very infrequent, but you should be aware of these circumstances:

1. If the client is in such a mental or emotional condition that he/she poses a danger to him/herself or others, or the property of another person.
2. If a client presents a clear and substantial risk of imminent harm to another person, the counselor/therapist is required to notify intended victims and/or law enforcement personnel.
3. To report allegations of abuse or neglect of a child, elder, or vulnerable adult (i.e., someone who is disabled), to the state Department of Children and Families Abuse Hotline.
4. To report a crime committed on premises or against CIC staff.
5. If a client files a lawsuit or complaint against this practice, relevant information may be disclosed as part of defense proceedings.
6. To assist medical personnel to provide treatment in a legitimate medical emergency, if the client is unable to give such information.

7. If a government agency is requesting the information for health oversight activities, CIC may be required to provide it for them.

If a similar situation occurs, your counselor/therapist will make every effort to fully discuss it with you before taking any action.

In order to provide you with the best possible service, your counselor/therapist may occasionally seek clinical consultation with another professional. No names or specific identifying information will be released, and the consultant is also legally bound to keep information confidential.

There are a few other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

CIC has formal business associate contracts with billing, data processing, and collection services. These businesses promise to maintain the confidentiality of the data except as specifically allowed in the contract or otherwise required by law. If you wish, CIC can provide you with the names of these organizations and/or a blank copy of this contract.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. We will maintain your medical record including intake and treatment information. You have a right to view and obtain a copy of your medical records as provided for in the Federal and Ohio law and professional ethics. You are entitled to receive a copy of your records, or we can prepare a summary. Since these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your counselor/therapist so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

LEGAL ISSUES

We do not provide legal advice or forensic services as part of our practice. Please notify your counselor/therapist immediately if you are or become involved in a legal or criminal matter that may require our participation. If you become involved in legal proceedings that require our participation, you will be expected to pay for professional time rendered.

It is not appropriate for children/adolescents to be brought to appointments unaccompanied by a parent or legal guardian unless financial arrangements have been made in advance and your clinician has agreed you do not need to be present.

If you or another party request or subpoena our staff to participate in any legal proceedings, you agree to compensate the staff in accordance with our fee schedule for court-related work, including travel and preparation time. A fee schedule is available.

When the patient is a dependent child of separated or divorced parents, **the parent bringing the child is responsible for the bills.** Any court agreement regarding payment of medical services is between the parents.

MINORS AND PARENTS

Patients under 18 years of age, who are not emancipated, and their parents should be aware that the law allows parents to examine their child's treatment records except as described in the next sentence. According to Ohio law, children between 14 and 18 may independently consent to and receive up to 6 sessions of counseling (provided within a 30-day period) and no information about those sessions can be disclosed to anyone without the child's agreement under most circumstances. While privacy in 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 CIC policy to request an agreement between the patient and his/her parents allowing CIC to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless CIC believes that the child is in danger or is a danger to someone else, in which case CIC will notify the parents of its concern.

MINOR CHILDREN AND DIVORCED, UNMARRIED, OR SEPARATED PARENTS

When treatment is provided to a minor child whose parents have been divorced, never married or separated, there may be an ethical and legal obligation by CIC to provide information concerning treatment of the minor child to both parents. In order to understand our role as treatment providers, we will require a copy of the divorce decree that establishes custody and allocation of parenting time.

For purposes of this Agreement for Services, the parent presenting the minor child for services is defined as the "presenting" parent, and the other parent as the "non-presenting" parent. The non-presenting parent is typically entitled to the same information as the presenting parent concerning the nature of treatment, treatment plan, time and date of appointments and any comments concerning treatment and treatment recommendation made by the treating counselor/therapist to the presenting parent. Both parents should understand that they are not the client, only the child is, and therefore neither parent has the right to privilege or confidentiality with respect to information they provide in sessions, and that the other parent typically is entitled to any information they do provide. The non-presenting parent is not entitled to attend counseling appointments with the child unless appointments occur on their visitation day, or the presenting parent consents to making an appointment on a non-visitation day. The non-presenting parent is responsible for payment when attending a counseling appointment that the non-presenting parent has scheduled, unless both parents have made other arrangements in writing that are satisfactory to CIC.

In order to effectively provide treatment to your minor child, CIC might suggest counseling recommendations that would involve participation by the non-presenting parent in counseling. If made, the reasons for these counseling recommendations would be thoroughly discussed with you, and your input sought. If counseling recommendations to involve the non-presenting parent are declined by the presenting parent, then CIC may elect to terminate counseling and will refer you to another provider. In short – we must typically consider the viewpoints of both parents in planning and conducting treatment with your child.

TERMINATION OF SERVICES

CIC shall have the option to terminate counseling services in the event that the patient account is not kept current, defined as paid in full with no other agreed upon arrangement, and CIC will be held responsible if counseling services are terminated

Please contact our office staff for clarification of any of these policies or procedures.



Cleveland Integrative
Counseling

Please initial next to each line indicating that you have read and agree to Cleveland Integrative Counseling office Policies and Procedures and Consent to treatment:

Date: _____

_____ **1.) PROVISION OF SERVICES**

_____ **2.) CONFIDENTIALITY**

_____ **3.) FINANCIAL RESPONSIBILITY AND BILLING INFORMATION**

_____ **4.) OFFICE POLICIES AND PROCEDURE**

Name of Patient: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Patient Signature (if appropriate): _____

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