

Psychiatric & Psychological Services Chemical Dependency Program

Client Information and Office Policy Statement

New Client: Welcome!

Thank you for choosing Psychiatric and Psychological Services. We would like to take this opportunity to acquaint you with the information relevant to Chemical Dependency treatment, confidentiality and office policies. Your therapist will answer any questions you have regarding any of these policies.

Aims and Goals:

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

- Increasing personal awareness.
- Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
- Identify personal treatment goals.
- Promoting wholeness through psychological and spiritual healing and growth.

You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy depends much more on what you do between sessions than on what happens in the session.

Appointments:

Appointments are usually scheduled for 50 minutes. The practice's hours are Monday through Friday from 9am – 9pm and Saturday from 9am – 2pm. Clients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency, you may reach your therapist by calling 440-323-5121, 24hrs/day, 7 days/week. If you are unable to reach your therapist, you may call your primary care physician or the local emergency room.

Confidentiality:

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include: 1.) possible abuse or neglect of a child, elderly person or a disabled person, 2.) when your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) if you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4.) if your therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc., 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) in natural disasters whereby protected records may become exposed or 7.) when otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health/substance abuse professionals, courts, probation/parole officers, lawyers, or to family members. This office is compliant with the HIPAA Privacy Act.

Record Keeping:

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Active and inactive client charts are kept locked in a secure area on site.

Fees:

Fee for the initial visit, the Diagnostic Assessment is \$200. Each 50 minute therapy session thereafter is \$130. Intensive Outpatient Treatment is \$200 per IOP day (3 hr session). Aftercare is billed at \$43 per 1 _ hr. session. Low intensity group is billed at \$55 per 1 _ hr. session.

Payments:

Payment is due at the time of the session unless other arrangements have been made. Your therapist will file your insurance claim, but you are responsible for deductibles, co-insurance and co-payments. It is your responsibility to familiarize yourself with your insurance benefits.

Cancellations and Missed Appointments:

You will be billed for a session that you cancel with less than 24 hours notice. You may leave messages 24 hours per day. You will be billed at the rate of \$60.00 per missed appointment, not just a co-payment. Insurance companies generally do not reimburse for failed appointments.

Consent for Treatment:

I have read and understood this policy statement and I have had my questions answered to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation or treatment. I understand that I may withdraw from treatment at any time.

Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your physician, therapist or any office policy please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose. And finally, you have the right to file a complaint with the state or local licensing board:

Ohio Department of Alcohol & Addiction Services
2 Nationwide Plaza
280 North High Street, 12th Floor
Columbus, Ohio 43215
(614) 466-3445

Lorain County Addiction Services
4950 Oberlin Avenue
Lorain, Ohio 44053
(440) 282-9920

Rights and Responsibilities:

I also acknowledge I have received and read a copy of my patient rights and responsibilities.

Name of Patient (please print) _____

Signature: _____

Parent/Guardian: _____

Date: _____

Witness: _____

Date: _____