



Diana Santantonio, Ed. S. Associates, LLC

OFFICE POLICIES AND PROCEDURES
ACKNOWLEDGEMENT FORM

Staff Therapists:

David Zachau, MA, LPCC-S
Mary Migra, LISW-S, LICDC-S
Rosezina Meadows, MA, NCC, LPCC-S
Pamela Eltrich MA, LISW-S.
Paula Srebala, AAS, BA, LSW
Suzann Dayka, MA, LSW
Athena Vuylsteke, M.Ed., LPCC
Megan Mericle, PSY.D
Hannah Martin, MA, LIWS-S
Alison Campbell, MA, LPCC
Caroline Coreno, MA, LPCC-S
Theresa Feezle, MA, LISW-S
Margaret Nash, LCDC III
Dennis Noll, LICDC-CS
Sarah Papesh, MA, LPCC
Vicki Messenger, AA, BSCJ, CDC-A
Sara Faehnle, MA, LPCC
Gary Wiley, M.Ed, LPCC
Audra Popik, MACC, LPC, LSW
Dawn Mroz, MSSA, CDC-A
Kyle Higgins, RPh, MSW, LSW, LICDC

In compliance with the Ohio State Board of Psychology, we are required to inform you that the following therapists are under psychological work supervision with the following supervisor:

Richard Banas, MA..... Diana Santantonio, Ed.S.
Jerome Kiffer, M.A..... Diana Santantonio, Ed.S.
Heather Sherrill..... Diana Santantonio, Ed.S.

By my signature below, I hereby consent to outpatient mental health treatment at Psych and Psych Services. I also agree to abide by the Office Policies and Procedures document provided to me. I have also received a statement of my rights and responsibilities, and all documents required by HIPAA.

Received and Read: _____ **Date:** _____

(Signature)

If you have any questions about therapy or our Office Policies and Procedures, please feel free to ask.



Diana Santantonio, Ed. S. Associates, LLC

CONFIDENTIALITY: Please also refer to our HIPAA Notice of Privacy Practices for details on Confidentiality. This is readily available in our waiting room, by request, and a summary version is supplied to you at your first session. Ohio law requires that issues discussed during the course of therapy with a psychologist or counselor be confidential, meaning that information you reveal will not be discussed with others without your knowledge and consent. Your records will not be sent or shown to others (except for your insurance company) without a signed release from you.

However, you need to be aware of relatively unusual circumstances where there are exceptions to confidentiality. If you have been referred to this agency by the Court (Court Ordered), you can assume that the Court wishes to receive some type of report or evaluation. You should discuss with us exactly what information may be included in a report to the Court before you disclose any confidential material. In such instances, you have the right to tell us only what you want us to know.

If you are involved in litigation of any kind and inform the Court of the services that you received from us (making your mental health an issue before the Court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.

If we know, or strongly suspect that you are abusing or neglecting any child, elderly person, or mentally retarded person we are obligated by law to report this to the appropriate state agency. Also, if you tell us about a child whom you suspect is being abused or neglected we may be obligated to report the situation. The law is designed to protect children and other vulnerable persons from harm and the obligations to report suspected abuse or neglect are clear in this regard. We may also be obligated to report information shared that involves current use of child pornography. Child pornography includes sexual images of minors under the age of 18.

Also, the Ohio Revised Code (§2305.51) states mental health professionals have a **duty to warn** third parties if the mental health professional has knowledge of an explicit and real threat by their client of imminent and serious physical harm to clearly identifiable third party potential victims. To remain in compliance with this law the mental health professional may choose to notify an appropriate law enforcement agency and, if feasible, each potential victim.

Increasingly, we are finding that some insurance companies seek to justify treatment and require information from the therapist before they will pay for treatment. In such cases, your therapist will release the minimum amount of information in order to satisfy the insurance company under the terms of the **Health Insurance Portability and Accountability Act (HIPAA) of 1996. Please refer to our Notice of Privacy Standards for details.**

As part of obtaining health insurance benefits for your treatment at this office, your clinical records may have to be sent to a managed care company or other third-party payers. We will only release the information required by HIPAA as explained in our Notice of Privacy Practices document. These records may be sent by mail, or they may sometimes be sent by facsimile. In this case, we will make every effort to ensure that the information remains confidential but we cannot be held responsible for errors.

ELECTRONIC COMMUNICATION: There may be occasion when the client or the therapist wishes to communicate through email or by text. The client may also elect to obtain appointment reminders via text messages. Psych and Psych Services does not allow therapists to communicate with clients through social media sites (e.g. Facebook, Twitter). Communication through electronic formats is not secure. Therapists know to not engage in conversation about your clinical case via electronic communication. It is strongly advised that clients limit electronic communication to topics such as re-scheduling, asking for directions, or other non-clinical subjects.

FEES: Fees are based on the amount of time involved. All sessions are 45-50 minutes in length. Our fee for initial assessment is \$250.00, and then varies from \$150.00 to \$180.00 for each additional session. This includes individual, marital, or family therapy; administering, scoring, analyzing, and reporting diagnostic tests, court testimony time*, consultations, travel time for “out of office services,” emergency telephone calls lasting more than 15 minutes, and reviewing formal reports or records. You will be billed for all time spent with you or on your behalf. There is a \$60.00 fee for all missed sessions without 24 hour cancellation.

*Court-related custody evaluation services are billed at the rate of \$120.00 per hour for all services. Most often insurance will not reimburse for these services. It is the client’s responsibility to investigate their insurance reimbursing for a court-ordered assessment. Do not assume insurance will reimburse for court ordered services!

RECORD REVIEW: You have the right to review and copy your clinical record. Record review may take place with a therapist going over the record with you. If you are requesting a copy of your record, we will require a signed release of information form and up to 30 days to locate and produce a copy of the record for you.

CANCELLATIONS AND MISSED APPOINTMENTS: If you find it necessary to cancel a scheduled appointment, a 24-hour notice in advance is required to avoid charges. A \$60.00 charge will apply if insufficient notice is given of cancellation. We have an after-hours answering service for your convenience if needed. This charge cannot be submitted to your insurance company for payment.

CASE CLOSING POLICY: It is typical that our clients come to the end of counseling in a final session with their therapist. At this final counseling session the client and therapist make a mutual decision to end the counseling. Following this termination session the clinical case is considered to be closed. In the event a client completely stops attending counseling sessions for a period of six months, without discussing ending counseling with the therapist, the clinical case will be considered as closed by default. A client can always return to counseling after their case has been closed, but they will need to go through the formal process of having their case reopened, which will include a new intake process.

PAYMENT FOR PROFESSIONAL SERVICES RENDERED: Payment at each visit is required. If you are expecting insurance to cover some of the fee, we ask that you pay your deductible and/ or co-payment at each visit. You will receive a billing statement from our office monthly, regardless of whether or not you have insurance coverage. Payment in full, of your portion of the bill, is expected within 15 days after receipt of a statement. Any questions about your account should be directed to our Elyria office. Delinquent accounts may be turned over to our collection agency.

INSURANCE: If you have health insurance, part of your therapy expenses may be covered. If you plan to use your health insurance coverage for reimbursement of our services, please be sure that we have the proper information. We will complete the doctor's statement section and submit the claim for you. It is important that you understand it is your responsibility to pay us. Disputes with your insurance company are between you and them.

OVERDUE ACCOUNTS: If more than 90 days lapse without payment, unless arrangements have been made, we reserve the right to turn the account over for collection to our attorney.

ETHICS AND PROFESSIONAL STANDARDS: As therapists, we agree to abide by and uphold the most responsible ethical and professional standards possible. We accept responsibility for the consequences of our acts and make every effort to protect the welfare of those who seek our services and to ensure that our services are used appropriately.

If you are ever unhappy with our services here, it is especially important that you try your best to communicate with us the sources of your dissatisfaction. Some clients do this in writing if they feel unable to do so verbally. If we should not reach an agreeable solution and you need help finding additional or alternate assistance, we will do our best to help you locate a more suitable referral of therapy resource. Since therapists generally agree that it is not in the patient's best interest to be receiving similar services from another professional, should you wish to contract with another psychologist, psychiatrist, or counselor for services, it is important that you indicate your desire to make a change and your basic reasons for doing so. If you speak to the owner and supervising psychologist of Psych & Psych Services, Diana Santantonio, she will be glad to hear the complaint and will do everything to resolve it. There is also a **Complaint Form** you can request and fill out to report a problem. We take complaints very seriously and will respond immediately to all formal complaints.

Sexual harassment of any kind will not be tolerated against clients or staff at this office. Should you ever experience any form of sexual harassment please contact the office HIPAA Privacy Officer, Mr. David Zachau, immediately.

PSYCHOLOGICAL SUPERVISION: All unlicensed therapists, and some licensed therapists, in this office are directly supervised as required by Ohio law. All psychological counseling and/or testing requiring the supervision of a psychologist is performed under the supervision of **Diana Santantonio**. If you see this name on your insurance claims or payment records, it is because of the supervision rules of your insurance company. Your therapist may discuss your case with their supervisor at a

clinical staffing to assure the highest quality of care. Should you ever have any concerns or questions regarding your treatment at our practice, do not hesitate to ask your therapist.

QUESTIONS: If, during the course of your therapy, you have any questions about the nature of your therapy (i.e., goals, procedures, etc.) or about fees, please ask. This issue is even more important on matters which you fear might be embarrassing to either yourself or us—you are encouraged to go ahead and bring such matters up for consideration since dealing with such matters is often an important part of your treatment.

PSYCHIATRIC COVERAGE: If you need a referral to a psychiatrist for medication or hospitalization, we can refer you to a number of different psychiatrists in the area, or if you already have a psychiatrist, we will be glad to work with whomever you need to be seen by. If you prefer to work with your family physician, we will also be willing to consult with him or her.

24-HOUR EMERGENCY SERVICE: In the event of a crisis or emergency, you may call the office at (440) 323-5121. We have a 24-hour answering service if no one is in the office when you call. The answering service has been instructed to call the therapist at home in case of emergencies. Please inform the answering service your call is an emergency and they will get back to you as soon as they call the therapist.

If the crisis is extreme in nature or life threatening, call your local police department or proceed to the closest urgent care center or hospital. For your reference, here are some emergency numbers:

☎**Sheriff: Lorain: 440-244-0373, Elyria: 440-323-1212**

☎**Elyria Police: 440-323-3302 or 911**

☎**North Ridgeville, Lorain, Amherst, Vermilion Police: 911**

☎**Lorain Community Hospital Ambulance: 440-282-3700**

☎**Life Care Ambulance Service: 440-244-6467**

☎**Nord Center Crisis Line: 1-800-888-6161**

Telephone counseling during off hours that are **NOT** of an emergency nature (i.e., non-harmful situations, or non-crisis situations that could wait until the next working day) is discouraged. However, should you feel a crisis or dangerous situation is probable, feel free to call without hesitation. If your therapist cannot be reached, the answering service has been instructed to have you call the Nord Center Emergency Crisis Stabilization Line for immediate attention.

CLIENTS' RIGHTS AND RESPONSIBILITIES STATEMENT

Clients' Rights

- Clients have the right to be treated with dignity and respect.

Clients' Responsibilities

- Clients have the responsibility to give providers information they need. This is so they can deliver the best possible care.

- Clients have the right to fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Clients have the right to have their treatment and other client information kept private.
- Only in a critical emergency, or if required by law, can records be released without client permission.*
(Please see your rights under HIPAA)
- Clients have the right to have an easy to understand explanation of their condition and treatment.
- Clients have the right to know all about their treatment choices. This would mean no matter of cost or if they are covered or not.
- Clients have the right to information about providers.
- Clients have the right to know the client clinical guidelines used in providing used in providing and/or managing their care.
- Clients have the right to share in the formation of their plan of care.
- Clients have the right to know of their rights and responsibilities in the treatment process.
- Clients and therapists have the right to be treated and work in an environment that is free from any form of sexual harassment.
- Clients have the right to know how our office complies with HIPAA regulations. Please refer to our Notice of Privacy Practices located in our waiting room with a summary copy provided to each client.
- Clients have the responsibility to let their provider know when the treatment plan no longer works for them.
- Clients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
- Clients have the responsibility to treat those giving them care with dignity and respect.
- Clients have the responsibility to keep their appointments. Clients should call their providers as soon as possible if they need to cancel visits.
- Clients have the responsibility to ask their providers questions about their care. This is so they can understand their care and their role in that care.
- Clients have the responsibility to follow the plans and instructions for their care.
- The care is to be agreed upon by the and provider.
- Clients have the responsibility to know the terms of their insurance policy coverage.
- Client's have the responsibility to pay for services rendered in a timely manner.
- Clients share the responsibility with their therapist to limit electronic communication to non-clinical topics.
- Clients understand that after 6 months of having no contact with their therapist that their case will be closed.

