

**INFORMED CONSENT AND OFFICE POLICIES
FOR OUTPATIENT SERVICES**

**Delmore Counseling, LLC
100 East Campus View Blvd. Suite 155
Columbus, OH 43235
Phone (614) 888-8400**

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

- Information may be released to designated parties by written authorization of clients or legal guardians.
- When clients seek reimbursement for psychiatric and psychological services from insurance companies or other third parties, information, including psychological diagnoses, must be provided to the third party. In many cases, explanations of symptoms and treatment plans and, in rare cases, entire client records are also included. If health coverage is provided by an employer, the employer may have access to such information. Insurance companies usually claim to keep psychological diagnoses confidential, but may enter this information into national medical information databanks, where it may be accessed by employers, other insurance companies, etc., and may limit future access to disability insurance, life insurance, jobs, etc. Only the minimum necessary information will be communicated to the carrier. By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purpose of treatment and payment. Your practitioner has no control or knowledge over what insurance companies do with the information or who has access to this information.
- Mental Health Practitioners are required to release information obtained from clients or from collateral sources (other individuals involved in a client's psychotherapy and/or psychiatric services, such as parents, guardians, and spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a client or to others, e.g., imminent risk of suicide, homicide, or destruction of property that could endanger others.
- Mental Health Practitioners are required to report suspected past or present abuse or neglect of children, adults, and elders to the authorities, including Child Protection and law enforcement, based on information provided by the client or collateral sources.
- Others involved in a client's psychological services are not clients and have no practitioner-client confidentiality.
- If clients participate in psychological services in compliance with a court order, the mental health practitioners are required to release information to the relevant court, social service, or probation departments.
- Mental Health Practitioners are required to provide information in response to court orders and, in some cases, to subpoenas. In some kinds of proceedings, courts order the entire psychological record to be provided.
- Mental Health Practitioners often consult with other professionals on cases and teach or write about the psychological process, but disguise identifying information when doing so. Please indicate to your practitioner if you wish to place restrictions on consultation, teaching, or writing related to your case.
- Clients being seen in couple, family, and group work are obligated legally to respect the confidentiality of others. The practitioner will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. Secrets cannot be kept by the practitioner from others involved in your treatment therefore, clients under 18 cannot be assured of unconditional confidentiality from their parents.
- Cell phone communications can be intercepted by third parties. This form of communication is used to assist in providing you with psychological services outside of the scheduled session. Your practitioner is not responsible for any information intercepted by third parties during these calls.

- Because of the nature of the Internet, confidentiality cannot be assured in un-encrypted e-mail messages therefore your use of such forms of communication constitutes implied consent for reciprocal use of electronic mail.

I have reviewed, understand, and agree to the stated policies regarding confidentiality. _____ Initials

EMERGENCIES: You may telephone your practitioner in an emergency. Your practitioner is not always immediately available by phone and may not be available in the late evening. If unavailable, your call will be returned as soon as possible. If your practitioner is unavailable, or you have an emergency, you should call 911; telephone a crisis line; or proceed to the nearest psychiatric emergency facility.

I have reviewed, understand, and agree to the stated policies regarding emergencies. _____ Initials

PRACTITIONER FEES: Payment for service is made at the end of each session at the agreed upon fee determined by practitioner and client. If utilizing your health insurance, fees will be determined by the practitioner's contracted rate with the insurance company and co-pays will be collected at the end of each session. School meetings including travel time as well as school reports, letters, and phone consultations are billed at agreed upon hourly session rate. Letters, reports, testimony, court appearances, preparation of written documents, meetings, and phone consultations for legal proceedings initiated by you or others relating to your case are billed at a rate agreed upon by the client and practitioner. Payment for Psychiatric services with an MD are billed as a fee for services and insurance will not be billed for these services by Delmore Counseling, LLC.

- Initial Interview \$160.00 per 50-60 minute session
- Individual Sessions \$140.00 per 50-60 minute session
- Couple or Family Sessions \$140.00 per 50-60 minute session
- Psychiatrist Appointments \$300.00 per 60 minute session / \$150.00 per 30 minute session
- Telephone Consultations \$ 30.00 per 15 minutes
- Group Sessions \$ 75.00 per group session
- Missed Appointments \$140.00 per 50-60 minute session or what has been determined between you and the practitioner.

I have reviewed, understand, and agree to the stated policies regarding practitioner fees. _____ Initials

CONSULTATION: Your practitioner consults regularly with other professionals regarding clients; however, client's name and other identifying information is never mentioned. Your practitioner is responsible for maintaining all professional standards set forth in the ethical principles of professional association as well as the laws of the state of Ohio governing the practice of psychotherapy/psychiatric services and that Delmore Counseling, LLC is liable for infractions of those standards.

I have reviewed, understand, and agree to the stated policies regarding consultation. _____ Initials

CANCELLATIONS: I understand that my practitioner reserves an appointment time for me. I agree to call 24 hours in advance if I must cancel a session in order to allow my practitioner to reschedule his time. If I provide less than 24 hours notice of a cancellation, unless a sudden medical emergency has occurred, I will pay the agreed upon regular session fee or what has been determined between you and the practitioner. If utilizing my health insurance, I understand my insurance company will not reimburse for this expense, and I will be responsible for paying the practitioner at the agreed upon rate.

I have reviewed, understand, and agree to the stated policies regarding cancellations. _____ Initials

TERMINATION: The decision to terminate services belongs to the client, although one may evaluate this with one's practitioner. It is critical that you have a final session before terminating services. Also, if at any point during your work with your practitioner, they assess that they are not effective in helping you reach the psychiatric/therapeutic goals,

course of treatment and the possible need for termination will be discussed with you. In such a case, you will be given a number of referrals that may be of help. If at any time you want another professional's opinion or wish to consult with another practitioner, you will be assisted in finding someone qualified, and if your consent has been given, your practitioner will provide the essential information needed.

I have reviewed, understand, and agree to the stated policies regarding termination. _____ Initials

I have read this informed consent completely and have raised any questions I might have about it with my practitioner. I have received full and satisfactory response and agree to comply with all items freely and without reservations.

Signature of Client

Print Name

Date

Signature of Parent/Legal Representative

Print Name

Date

Practitioners Signature

Print Name

Date