

INFINITY COUNSELING LLC
CONSENT FOR ADULT, ADOLESCENT or CHILD TREATMENT AND COUNSELING SERVICES
(Please see page for special Adolescent Consent for Treatment Educational Document)

Risks and Benefits of Treatment:

- I understand that the effectiveness of my therapy depends on my efforts as well as my therapist's, and I promise to work hard to achieve my treatment goals.
- I understand that I am not obligated to share information with my other providers about my counseling, but I need to consider that it is to improve the quality of my care.
- I understand that I am entering into a therapeutic relationship with a licensed professional and not a friend.
- I understand that I am fully responsible for the outcome of my treatment, and that results may vary based on compliance with such recommendations.
- Since mental health 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 has also been shown to have many benefits. Treatment often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.
- Evaluations are done for a number of reasons. Often, they are useful to guide us in counseling and medication services. They may also be requested by your physician, attorney, other professionals, or public agencies such as the court, Social Security, Children's Services, etc., so that the other party can make an informed decision about you. All clients must be evaluated prior to receiving counseling.
- Counseling services are designed to help you find solutions to the problems that brought you to treatment. Counseling may be provided in either individual, family, couple or group settings depending on your particular needs.
- Medication services may be appropriate in some cases and will be recommended by your counselor if he/she believes that you can benefit from this service. Once referred for medication services, you will see a psychiatrist who will work with your counselor and you in addressing your problems.
- I understand that Infinity Counseling, LLC makes no guarantees about the outcome of treatment.

I hereby give my consent for a counselor to render Counseling treatment and care to the individual named below, including the performance of diagnostic and therapeutic procedures deemed advisable and discussed with me. This authorization may be revoked in writing at any time except to the extent those actions have been taken in reliance thereon.

In consideration of any Counseling care provided to the individual named below, I assign to Infinity Counseling LLC all my rights to, and any and all medical insurance benefits for, services rendered to me to which I am or may be entitled by any private or public payers. I understand that I will be fully responsible for any and all charges not covered by medical insurance at the current rates established by Infinity Counseling LLC for all services rendered to the individual named below. In the event that the balance due has to be collected by an outside agency or attorney, I agree to pay collection costs and attorney fees.

I agree that all agreements and contracts between me and Infinity Counseling LLC and its staff are in writing and that there are no oral agreements between myself and Infinity Counseling LLC and its staff. In the event a subpoena is issued from your lawyer related to your legal matters, Infinity Counseling LLC therapists are not required to go to court. Any modifications of the terms of this agreement must be in writing and signed by myself and my professional provider. This Consent for Treatment and Counseling Services is a contract for services. I have carefully read and understand this contract. I agree that this is a legally binding contract. I agree without reservation that the provisions of this contract are reasonable, fair, and equitable. I agree to this contract without undue influence, duress, or coercion from any source. I knowingly, willingly and without exception give my full informed consent to, and agree to abide by and be bound by, each and every one of the provisions contained herein.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS PAGE "CONSENT FOR TREATMENT" IN ACCORDANCE WITH ALL OF ITS TERMS.

Patient _____

Date _____

Guardian/parent _____

Date _____

Therapist _____

Date _____

HIPPA Privacy Notice

Protected Health Information (PHI) Effective January 9, 2016

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please read it carefully.*

Privacy

Infinity Counseling, LLC is required by state and federal law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care.

Infinity Counseling is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights. Infinity Counseling must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

This notice refers only to the use/disclosure of PHI. It does not change existing law, regulations and policies regarding informed consent for treatment.

Changes to this Notice: Infinity Counseling may change its privacy practices and the terms of this notice at any time.

How Does Infinity Counseling Use and Disclose PHI? Infinity Counseling may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

Uses/Disclosures Relating to Treatment, Payment and Health Care Operations: The following examples describe some, but not all, of the uses/disclosures that are made for treatment, payment and health care operations.

For health care operations- Infinity Counseling may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation (e.g., The Joint Commission)

To obtain payment - Consistent with the restrictions set forth in its regulations and policies, Infinity Counseling may use/disclose your PHI to bill and collect payment for your health care services. Infinity Counseling may release portions of your PHI to the Medicaid or Medicare program or a third-party payer to determine if they will make payment, to get prior approval and to support any claim or bill.

Appointment Reminders: Infinity Counseling may use PHI to remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Uses/Disclosures Requiring Authorization: Infinity Counseling is required to have a written authorization from you or your personal representative with the legal authority to make health care decisions on your behalf for uses/disclosures beyond treatment, payment and health care operations unless an exception listed below applies. You may cancel an authorization at any time, if you do so in writing. A cancellation will stop future uses/disclosures except to the extent Infinity Counseling has already acted based upon your authorization.

Exceptions

- Guardianship or commitment proceedings when Infinity Counseling is a party
- For judicial proceedings if certain criteria are met
- For protection of victims of abuse or neglect
- For research purposes, following strict internal review
- If you agree, verbally or otherwise, Infinity Counseling may disclose a limited amount of PHI for the following purposes:
 - Clergy— Your religious affiliation may be shared with clergy
 - To Family and Friends— Infinity Counseling may share information directly related to their involvement in your care, or payment for your care
 - To correctional institutions, if you are an inmate
 - For federal and state oversight activities such as fraud investigations, usual incident reporting, and protection and advocacy activities
 - If required by law, or for law enforcement or national security
- To avoid a serious and imminent threat to public health or safety
 - For public health activities such as tracking diseases and reporting vital statistics
 - Upon death, to funeral directors and certain organ procurement organizations

Your Rights

You, or a personal representative with legal authority to make health care decisions on your behalf, have the right to:

- Request that Infinity Counseling use a specific address or telephone number to contact you. Infinity Counseling is not required to comply with your request.
- Obtain, upon request, a paper copy of this notice or any revision of this notice, even if you agreed to receive it electronically.
- Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. If you are denied access, in certain circumstances, you may request that the denial be reviewed. *Fees may be charged for copying and mailing.*
- Request additions or corrections to your PHI. Infinity Counseling is not required to comply with a request. If it does not comply with your request, you have certain rights.
- Receive a list of individuals who received your PHI from Infinity Counseling (excluding disclosures that you authorized or approved, disclosures made for treatment, payment and healthcare operations and some required disclosures).
- Ask that Infinity Counseling restrict how it uses or discloses your PHI. Infinity Counseling is not required to agree to a restriction.

* These requests must be made in writing

Record Retention

Your individual records relating to Infinity Counseling provided care and services will be retained at a minimum for 7 years from the date you are discharged from patient care and/or from the applicable community services. After that time, your records may be destroyed.

To contact Infinity Counseling or to file a complaint:

- If you want to obtain further information about Infinity Counseling privacy practices, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact: Infinity Counseling Privacy Officer, 1839 Pearl Road, Suite 101, Brunswick, Oh 44212 Phone: 330-220-1969. A complaint must be made in writing.
- No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice.
- You also may file a complaint with the Ohio Department of Mental Health and Addiction Services (ODMHAS), 30 East Broad Street, Floor 7, Columbus, Ohio 43215-2256, Phone: 614-466-3445, Fax: 614-485-9739

By signing below, I acknowledge that I have received the HIPPA Privacy Information.

Patient Signature _____

Date: _____

Guardian/parent _____

Date: _____



Infinity Counseling

sherrysnyder@infinitycounseling.org

Phone: 330-220-9679 Fax: 888-972-1662

□ 1839 Pearl Road, Suite 101 Brunswick, Ohio 44212

□ 2371 West State Street Alliance, Ohio 44601

AUTHORIZATION FOR RELEASE OF INFORMATION

* Required information

*Patient Name: _____ *Date of birth: _____

Patient Phone No.: _____ Therapist: _____

I authorize Infinity Counseling LLC to exchange pertinent medical information **TO** and **FROM** the following professional, agency, or important person in my life. This is to improve your treatment.

*Professional name(s) or agency: _____

Address: _____

Phone: _____ Fax: _____

WHAT DO I GIVE PERMISSION TO RELEASE? CHECK ALL to release

Entire Chart: includes the following: written documents

- Diagnostic Assessment
- Treatment Plan
- Treatment Summary
- Discharge Summary
- Progress Notes

Release all below: Additional reports that your other providers will request may require a visit to your therapist:

- Diagnose/treat/status: ___ Written ___ Verbal ___ Both
- HIV/AIDS/ARC/HEP-C
- Hospitalization
- Any Medical Treatment
- Medication Side effects
- Progress in Counseling
- Adverse Reactions
- Attendance
- Mental Status/Stressors
- Discharge from Counseling
- Harm to Self/Overdose
- Information about sexual assault
- Wellness Plan
- Safety Plan
- CAMS document
- Relapse Prevention Plan
- Anything required for my treatment

*Purpose of disclosure: **Coordination of treatment** Other: _____

- Unless event listed, this authorization is valid one (1) year from the date set forth below (or) date o(r) event: _____
- Specify time period if desired: Release only information from: _____ to _____
- Client initials to revoke permission: _____ Date: _____ (except what has already been released)
- I understand that I may not be denied treatment, payment, and enrollment in the health plan, or eligibility for benefits for refusing to authorize disclosure unless such denial is permitted under state and federal law.
- For those in drug/alcohol treatment, this information has been disclosed to you from records protected by Federal confidentiality rules (Title 42, Part 2, Code of Federal Regulations (CFR)). I understand that information disclosed by this authorization, except as prohibited by 42 CFR Part 2 or other applicable law, may be subject to re-disclosure by the recipient and may no longer be protected by HIPPA privacy rule [45 CFR Part 164]. This form is not a patient access request under 45 CFR 164.524.

*Patient: _____ Date: _____

Guardian: _____ Date: _____ Relationship to patient: _____

Therapist: _____ Date: _____

For administrative use only: Method of delivery: _____ Date released: _____

Agreement, assignment of benefits, assumption of responsibility and records transfer authorization

I hereby assign to Infinity Counseling, LLC, and its associated therapist and practitioners all benefits to which I am entitled from all private and public medical insurance plans including Medicare and Medicaid.

- I understand that I am financially responsible for all treatment charges for services rendered by any professional of Infinity Counseling, LLC regardless of any limitations of insurance coverage, divorce agreements, or victim's assistance.
- I understand that, except if I am on Medicaid, I will be charged a \$25 fee for appointments missed unless 24-hour notice is given to my therapist by calling 330-220-9679.
- I understand all deductibles, and co-payments must be paid in full. Co-Payments must be paid to your therapist at all time of service unless an "Agreement for Special Payment Arrangements" form has been completed and signed by you and your therapist.
- I understand if my coverage is part of a contractual arrangement between Infinity Counseling LLC and a specific third-party payer, Infinity Counseling, LLC agrees to abide by the regulations and reduced rates outlined in those contracts.
- I hereby agree to the above and hereby authorize Infinity Counseling, LLC to release information about my condition and treatment to those who are part or the process of securing insurance payment for the same. I authorize payment to be made directly to Infinity Counseling, LLC for the therapy services.
- This assignment and authorization will remain in effect until revoked by me in writing. I acknowledge that a photocopy of this assignment and authorization is as valid as the original.

Failure to sign this agreement will require full payment at the time of each visit

Signature of insured: _____ Date: _____

Self-pay: signature of financial responsibility _____ Date: _____

Policies and Procedures

Cancellation Policy

- I understand that regular attendance will provide the maximum benefits. I will notify my therapist at least 24 hours in advance if I will be unable to attend any session.
- I understand that I can call Infinity Counseling, LLC, 24 hours/7 days a week, and leave a message to cancel an appointment
- If I don't give at least 24 hours-notice, I will be charged \$25.00, which is not covered by insurance and is my responsibility. If I have Medicaid insurance, I will not be charged \$25.00.

Communication Policy

- By participating, you consent to receive messages sent by an automatic telephone dialing system or an employee of Infinity Counseling. Consent to these terms is not a condition for services.
 - Method(s) for reminders: Phone ___ Text ___ Email ___
 - May we leave a voice message with the name of our company? Yes ___ No ___

Co-payment Policy

- It is expected that all patients with co-pays pay them at the time of their visit. If you cannot afford your co-pay, it is your responsibility to speak with your therapist and make payment arrangements.

Confidentiality Policy (Please see HIPPA notification and requests for release of information in this packet)

Conversations with my therapist will almost always be confidential except in the following circumstances:

- My therapist is required, by law, to report actual/suspected child or elder abuse/neglect or elder abuse to Protective Services
- If I threaten to hurt anyone, including myself, my therapist is required by Tarasoff's law to protect my intended victim and can break confidentiality in order to do so.
- If client record is subpoenaed by the courts, if therapist is subpoenaed by the courts. Therapist cannot make custody/visitation recommendations to the court.
- Remember, in the case of children and adolescents, all records are available to LEGAL guardian (s)/refer to legal documents.
- Because confidentiality cannot be protected on e-mail, text messages, and social media, my therapist will rarely, if ever, use these forms of communication. The one exception is appointment reminder notices, which are sent by e-mail, voicemail, or text, whichever you approved.
- If your family has multiple therapists within Infinity Counseling LLC, therapists will collaborate with each other in order to give you the best care. If I choose not to use this option, initial here: _____.
- If this counselor is Melissa, PC or Maya, LSW, they are being supervised by a highly licensed supervisors, until they are independently licensed, which means your information will be shared, assessments and treatment plans will be approved by them, and major decisions will be discussed with them, as required by law.

Termination Policy

- If we do not hear from you in a reasonable amount of time, your appointment time will no longer be guaranteed and eventually, your case will be closed, with the understanding that you have the option to reopen your case at any time in the future, if needed, as long as you have cooperated with treatment recommendations. If you have obtained multiple counselors, then therapist has the right to terminate your case unless you allow communication with the other therapist(s) and keep communicating with this therapist.
- If you "late", "cancel" or "no show" 3 times within 6 months, your case will be closed, and you will have to wait 6 months for additional services.

I hereby indicate that I have read, understood, and agree to all of the terms of this "Policies and Procedures" sheet from Infinity Counseling LLC.

Signature of Client/Guardian

Date

Welcome to Infinity Counseling

Please take home

*We understand that sometimes it is hard for individuals and families to begin counseling.
It is our sincere desire that our relationship be a positive one.*

*Therefore, we encourage you to discuss with us any aspect of the counseling process.
If you have any questions, please feel free to ask your therapist.*

What is psychotherapy?

Therapy is a collaborative effort. You and your therapist will assess your situation, identify your goals, and make a plan that will help you reach those goals. Therapy works by helping you objectively look at behaviors, feelings and thoughts in situations, which are difficult for you. It helps you to learn more effective ways to deal with those situations. Like any intervention, psychotherapy can have risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and frustration. On the other hand, therapy has been demonstrated to be very effective with many problems: Nine out of ten Americans surveyed by Consumer Reports said that psychotherapy has helped them.

How are appointments made?

Your therapist schedules appointments. The standard Appointment time is generally 50 to 60 minutes. What if an appointment can't be kept? If you need to cancel an appointment, please do so at least 24 hours in advance. We reserve the right to charge fee no-shows and appointments that were not canceled: within 24 hours. A combination of three no shows or three late cancels (total of 3) will cause your case to be closed and no services will be available for six months.

How do I contact Infinity Counseling if it is Urgent?

We can be contacted by phone @ 330-220-9679 during the day and after hours by answering machine. Your therapist will respond as quickly as possible if you leave a message. However, if you have any doubts about what to do, or if you are having an emergency, go directly to the emergency room at the nearest hospital or call 911.

What records will be kept of my visits?

Infinity Counseling uses an electronic health record service called Practice Fusion. Practice Fusion is the largest electronic health record system and guarantees confidentiality to all of its service providers. In general, records that will be kept will be a diagnostic Assessment, treatment plan, and brief progress notes.

Fee Schedule: How much does therapy cost?

At Infinity Counseling, LLC, the standard charge for a Diagnostic Interview is \$100.

Subsequent sessions are as follows:

Assessments \$100.00	Group: 120 minutes \$50.00
30 minutes \$40.00	Phone Calls: 15-30 min. \$40.00
45 minutes \$60.00	30-45 min. \$60.00
60 minutes \$80.00	Sliding Fee Scale available

Insurance companies will not reimburse for phone calls. As a result, phone calls that last longer than 15 minutes will be charged at the rates noted above and will be the responsibility of the patient.

It is your responsibility to contact your insurance carrier(s) before starting treatment to clarify the limits of your coverage. Some insurance companies have special requirements or limitations. Payment is due at the time of service. As a service to you, we will file your insurance claims and accept their usual customary and reasonable rate.

Please remember that you are ultimately responsible for the cost of service.

A statement of your account, which will include current charges, any balance forward, personal payments and insurance payments, will be sent to you on a monthly basis. If you have questions about your bill, please talk with your therapist or speak to Barb at BillPro. Barb can be reached at Barbara@billpro.net. If your entire balance cannot be paid in full, please speak to your therapist to arrange for regular monthly payments.

Can a minor seek treatment?

Children between 14 and 18 may independently consent to and receive up to 6 sessions of psychotherapy within a thirty-day period. In this case, no information about these sessions can be disclosed to anyone without the teen's agreement. While privacy in psychotherapy is often crucial to progress, particularly with teens, parental involvement is also essential to successful treatment and necessary, if the teen is planning to hurt themselves or others.