



Welcome to The Gentle Shepherd Counseling Center

We understand that making the decision to come to counseling is a big step for most people, and we value the trust you are placing in us by choosing The Gentle Shepherd Counseling Center. The following information is to make your experience with us as pleasant and informed as possible.

Please check in with our office before every session, where you will be assisted with questions about scheduling, insurance and fees for service. You will also be provided with general paperwork to complete and a copy of your driver's license and insurance card will be made. Information about your counselor, permission to release form(s), as well as our policies and procedures will be given to you as well.

We provide outpatient counseling services to individuals (adult, adolescents and children) in addition to couples and families. Our counselors have a variety of degrees and specialties, and the greatest consideration will be given to connecting you with the counselor who can accommodate your needs best. We encourage you to check out our website for more specific information about our counselors and their treatment specialties.

Your unique treatment goals are important to us and we aim to provide you with the best quality care. Your counselor will facilitate an individualized plan for your treatment that may need to be updated periodically. Sometimes confronting issues and concerns can initially increase emotional distress. You and your counselor can discuss this more in depth, if needed. Most people, who remain motivated throughout counseling treatment, experience less emotional distress and resolution of issues over time.

We provide a lending library to enhance your treatment experience. You will find activity books and games for your children to enjoy in our waiting areas. For their safety, we ask that you never leave your children unsupervised in our waiting areas.

Our office staff will assist you with setting up future appointments. We strongly recommend that you schedule in advance so that you can get in at times you prefer. We are open Monday –Thursday, 8am to 9pm, and every other Friday and Saturday (alternating) from 8am to 4pm. Our counselors have various schedules and we encourage you to inquire about your counselor's hours of availability.

Please know that payment is expected at the time of your session. We accept Mastercard, Visa, Discover, check or cash payment. We are contracted with most insurance companies. If you do not have insurance benefits for mental healthcare or your insurance benefits are out-of-network with us, we offer a sliding fee scale for those who qualify.

We look forward to working with you to make your counseling experience as rewarding as possible. Please read over our Policies and Procedures for additional information about our practice.

The Gentle Shepherd Counseling Center

Policies and Procedures

Cancellations, Missed Appointments and Emergency, Urgent and Routine Appointments

We understand that emergencies sometimes arise which may prevent you from keeping your appointment. We ask that you call 24 hours in advance to cancel or change your appointment to not incur a fee. However, if you do not give 24 hours' notice for a cancellation then there will be a \$50.00 no show/late cancellation fee. Please note that insurance carriers do not reimburse for missed appointments. If you call to cancel or change your appointment and are unable to speak with a receptionist, please leave a message on our voicemail. If you incur three or more missed appointments due to late cancellations or not showing, you will be placed on your counselor's cancellation list (even if you have had a standing appointment time). We welcome phone sessions, at no extra fee, if you are not able to make it to our office for your appointment.

We will make every consideration to accommodate your need for emergency or urgent appointments. If you are experiencing a life-threatening emergency, please call 911 or go to your local emergency room or crisis center. If you are in need of an urgent appointment, please contact our office and ask for a priority appointment with your counselor. Your counselor will then be notified by our office. If your counselor is unable to provide an immediate or same day opening in his/her schedule, you can make an appointment with a counselor at our practice who has the most immediate availability. Routine appointments can be scheduled at the discretion of you and your counselor, based on need and availability. Scheduling routine appointments in advance is highly recommended.

Referrals and Coordination of Care

If your counselor determines that your treatment needs require a higher level of care than we provide (such as intensive outpatient, inpatient treatment or psychiatric treatment), you will be provided with appropriate professional referrals. Your counselor will collaborate treatment with your other medical and mental health care providers, with your written consent, as needed. Although collaboration with your other treatment providers is recommended, you have the right to refuse such coordination of treatment.

Fee Schedules and Payment Policies

Our fee for the initial session is \$150.00 and the fee for all counseling sessions thereafter is \$125.00. Returning clients not seen for 12 months will be billed at the initial session fee of \$150.00. We offer reduced fees of \$80.00, \$65.00 or \$50.00 (after the first visit at \$150.00) for those who do not have insurance coverage. The approval of the reduced fee is based on tax returns from the previous year. The financial criteria used to determine qualification is the most current years' federal poverty guidelines. We offer a fee of \$65.00 per session (after the first visit at \$150.00) for those who are 65 and older, college students who are not covered by their parent's insurance, and for active military personnel and their family members. We do not accept Medicaid, Medicare or Tricare. There are additional costs for Psychological testing if it is requested.

It is your responsibility to pay all fees connected with your treatment, including deductible amounts, co-insurance, and balance not paid by your insurance carrier. If you are using insurance and we

provide a quote of benefits, please know that it is a quote and not a guarantee of what your insurance will pay. You are responsible for the amount left over after your insurance responds.

If you are bringing your child for treatment but are not the parent responsible for payment of medical bills we will need the name and address of the parent who is responsible (either full or partial responsibility), as well as a copy of the most recent court documents, in their entirety, containing this information; otherwise, you will be the parent responsible for payment at the time of service. Should there be a guardian or other person responsible for payment, we will need the same information from them as well. We offer a discount to those who are self-pay and who wish to pay in advance. A 5% discount is offered when five sessions are paid in advance. Likewise, a 10% discount is offered when ten sessions are paid for in advance.

In the event that your account balance exceeds \$200 per individual or \$300 per family, the Gentle Shepherd Counseling Center reserves the right to not allow appointments to be retained or scheduled until the balance is paid down. If a payment arrangement is implemented, the balance must be paid in full within 12 months of arrangement to avoid collections. Otherwise, a collection agency will be utilized for all fees unpaid after 90 days of non-payment.

There will be a \$30.00 charge added to your account for all checks returned for insufficient funds, closed account or so forth. If you have two or more checks returned within a 12-month period, another form of payment must be utilized.

Fees for court appearances by your counselor, door to door, are \$500 per hour and are your responsibility to pay. There may be additional fees, based on current session rates, for time spent on preparation of documentation for personal, legal or insurance requests for information.

Copies of client charts are subject to a \$25 charge per copy. Doctor requests are not subject to a charge for the first copy. Attorney copies are charged on a case by case basis. Any paperwork completed by your clinician on your behalf (letters, notes, other documents for an outside source... etc.) will be subject to a \$25 fee, per half hour spent on paperwork.

In the event that you do not return for treatment, after 90 days from your last session date, your case will be closed. However, your case can be re-opened should you return for treatment at a later date.

Handicap Services and Service Animals

Our parking lot spaces are available for everyone to utilize. We do not have any formal handicap parking spaces or accommodations at our main location. A downstairs office space can be requested for use, if needed. If you are in need of additional handicap services, we can provide you with the option of seeing a counselor at our annex location, which is handicap accessible. Service animals are welcome at our practice. For health and safety reasons, we cannot accommodate companion animals that are not certified service animals.

Limits of Confidentiality /Notice of Privacy Practices

The code of ethics of the American Psychological Association and other Counseling Boards ensure that your information here will be held in the strictest confidence. Matters you share in the context of your counseling treatment will not be disclosed outside of our practice without your express permission

given in writing to us. There are, however, certain exceptions to this important rule that you should be aware of.

- 1) The child abuse reporting laws of Ohio require that if you give us information that indicates that a child who is currently under the age of 18 is being abused or neglected of basic needs, we must report that information to Children Services in the county the child resides in. Child abuse includes extreme physical punishment as well as sexual molestation of a minor. Any involvement with child pornography or sexting with a minor is also legally constituted as child abuse. Additionally, we are also required, by the state of Ohio, to report any known or suspected abuse and neglect of the elderly.
- 2) Recent court decisions have held that we would be obligated to attempt to warn or protect intended victims if we have reason to believe that one of our clients is likely to inflict bodily harm to themselves or someone else. Therefore, we may breach the confidentiality of our relationship with you if we feel you are going to harm yourself or someone else.
- 3) We work as a collaborative team and we reserve the right to seek consultation from each other if we believe that additional expertise would be helpful in rendering the best possible service to you.
- 4) If you file an insurance claim and ask the insurance company to pay for some portion of the costs of your treatment, then you will be giving your insurance carrier the right to inquire about you and your treatment. We may be asked by clerical or professional staff employed by your insurance company for details about your session and we will be required to respond in order for you to maintain your benefits. Your insurance carrier is also required by law to uphold the same ethics of confidentiality with the current HIPPA regulations.
- 5) All Gentle Shepherd Counseling Center counselors comply with the regulations and ethical standards of The Ohio Counselor, Social Worker and Marriage and Family Therapist Board. If you have complaints about professional services from a counselor, social worker, and/or marriage and family therapist, contact the Ohio Counselor, Social Worker and Marriage and Family Therapist Board, 77 South High Street, 24th Floor, Room 2468, Columbus, Ohio 43215. Phone: 614-466-0912. Website: www.cswmft.ohio.gov.
- 6) A life-threatening medical emergency or other crisis may require the notification of emergency personnel, possibly requiring the breach of your confidentiality at our practice.

Teletherapy (phone and video) sessions are subject to their own rules and rights. The state of Ohio requires that we:

1. Obtain an adequate informed consent such as: the risks and benefits; confidentiality; fees; how to contact the clinician; an emergency management plan; and the process of receiving services.
2. Verify the client's identity and location.
3. Protect confidentiality by using secure means of communication.
4. Be licensed by the licensing board of the state in which the client is physically located during the time of the session.

The Gentle Shepherd requires the first session to be face to face. It is our preference to conduct all sessions face to face, however, phone sessions are available upon request. Any phone contact beyond 15 minutes is billable. The Gentle Shepherd Counseling Center does not offer sessions outside of our practice

(such as in-home counseling sessions). Please review and sign our specific informed consent for teletherapy sessions.

Emergency Protocols

Every effort will be made to provide for your safety at The Gentle Shepherd Counseling Center. In the event of an emergency situation (such as death, injury or other crisis) on the premises of our practice, both the Clinical Director as well as emergency personnel, will be notified immediately. Please note that we do not allow for the carrying of firearms or other weapons at our practice. If an escalated domestic dispute or other threatening behavior occurs on our premises, first responders will be contacted.

In the event that you come to your counseling session under the influence of alcohol or another substance that impairs your ability to drive, your emergency contact(s) listed on file will be contacted. Emergency personnel may also be contacted in order to ensure your safety. This protocol will also be followed for suicidal and homicidal intent or another life-threatening emergency.

No visual or auditory recordings are allowed at our facility. We ask that you respect the rights of confidentiality of those around you, both in our waiting rooms and offices. If it is known or suspected that you are using a recording device in our buildings, including counseling sessions, you may be asked to leave our practice.

Complaints

Please direct concerns and complaints in writing to the Owner and Clinical Director, Ronni Schaack, at The Gentle Shepherd Counseling Center. We will make every attempt to address your concerns in a timely manner.

Relocation

If you change your address, phone number, marital status, name or insurance carrier please notify our office as soon as possible. We send out appointment reminders via text. Please let us know if you prefer to be reminded of your appointments in a different manner or if you do not wish to be contacted by our office.

Our staff welcomes the opportunity to discuss any questions regarding our services, fees, policies or procedures. Please take the time to read and understand the above information.

2020 – Policy and Procedures

I HAVE READ THE DISCLOSURE STATEMENT INCLUDING POLICIES AND PROCEDURES. I UNDERSTAND THE LIMITS OF CONFIDENTIALITY AND PRIVACY PRACTICES. I AGREE TO BE RESPONSIBLE FOR PAYMENT OF SERVICES.

Name: _____ Date: _____

RELEASE OF INFORMATION (FOR EMERGENCY AUTHORIZATION ONLY)

Client Name: _____ Date of Birth: _____

I CONSENT AND REQUEST GENTLE SHEPHERD COUNSELING CENTER TO:

RELEASE INFO TO:

EMERGENCY CONTACT #1: _____ **PHONE #:** _____

EMERGENCY CONTACT #2: _____ **PHONE #:** _____

SPECIFIC INFORMATION TO BE RELEASED:

EMERGENCY INFORMATION ONLY

RELEASE FORMAT: VERBAL

This authorization can be revoked at any time by providing written notice to The Gentle Shepherd Counseling Center. I understand that any information released prior to this revocation cannot be retrieved and The Gentle Shepherd Counseling Center will not be held responsible for such. I hereby release responsibilities that may arise from this act.

The release of information is limited to the person designated above and this information is not to be passed on to anyone else or to be used for any purpose other than the one specified.

Client name	Or	Legal Guardian	Relationship	Date
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Witness name	Date
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Name to REVOKE	Date	Witness or Revocation	Date
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