

# **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 first session is \$135.00 and the fee for all counseling sessions thereafter is \$115.00. We offer reduced fees of \$80.00, \$65.00 or \$50.00 (after the first visit at \$135.00) for those who do not have insurance coverage or who have limited 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) for those who are 65 and older. We do not accept Medicaid or Medicare. 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 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.

In the event that your account balance exceeds \$200, the Gentle Shepherd Counseling Center reserves the right to not allow appointments to be retained or scheduled until the balance is paid down.

There will be a \$30.00 charge added to your account for all checks returned for insufficient funds, closed account or so forth. A collection agency will be utilized for all fees unpaid after 90 days of non-payment.

Fees for court appearances by your counselor, door to door, are \$200 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.

In the event that you do not return for treatment, after 90 days from your last session date, your case may 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 practice. 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 phone sessions at our practice or with referrals for other counseling centers with handicap accessibility in our area. 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 to anyone 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 physical punishment of children as well as sexual molestation or sexual molestation of a minor in addition to any involvement with child pornography. We are also required, by the state of Ohio, to report 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, 24<sup>th</sup> Floor, Room 2468, Columbus, Ohio 43215. Phone: 614-466-0912. Website: [www.cswmft.ohio.gov](http://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.

### **Emergency Protocols and Complaints**

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(s) 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.

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.

Please direct concerns and complaints in writing to the Clinical Director(s), Ronni Schaack and/or Lance Curtis, 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 us to remind you 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.

Governed by: The Ohio Counselor, Social Worker and Marriage and Family Therapist Board

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_