

Informed Consent Agreement



The SUMMIT Therapy Center
4419 Cleveland Rd, Wooster, OH 44691
Ph: (330)345-8450 Fax: (330)345-5899

Welcome to The SUMMIT Therapy Center of Wooster, LLC. This document (the Agreement) contains important information about our services and business policies. It also contains summary information about the **Health Insurance Portability and Accountability Act (HIPAA)**. HIPAA requires that we offer you a Notice of Privacy Practices (the Notice) for use and disclosure of personal health information for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information prior to your initial counseling appointment. We are available to discuss any questions you may have about the information. When you sign this document, it serves as a contract between you and your counselor as you begin a therapeutic relationship together. You may revoke this agreement in writing at any time. That revocation will be binding unless we have taken action such as: if there are obligations imposed by your health insurer to process or substantiate claims; or if you have not satisfied any financial obligations you have incurred.

Psychological Services:

Psychotherapy varies depending on the personalities of the therapist and patient and the problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. For the therapy to be most successful, you may have to work on things we talk about both during your sessions and at home.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and helplessness. On the other hand, psychotherapy has many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. If you have any questions, please discuss them with your therapist as they arise. The therapists at Summit Therapy Center are licensed by the Ohio Counselor, Social Worker, & Marriage and Family Board.

Meetings:

Your therapist typically conducts an evaluation that lasts 1 to 2 sessions. Their job is to provide assessment and counseling and work conjointly with you to set treatment goals. Unless otherwise stated, a one 50-minute session (one appointment hour of 50 minutes duration) per week is usually scheduled at an agreed upon time. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **12 hours advance notice of cancellation** (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions. It is your responsibility to call and reschedule your missed appointment. A fee schedule is posted in the waiting area and is available upon request.

Your counseling will end when you have received what you were seeking from counseling, when you have realized the maximum benefit from the services, or when you are not likely to benefit from counseling. Termination is mutually agreed upon; however, the ultimate decision might be made independently by either the counselor or the client, depending on the circumstances. You have a right to refuse any recommended services or modality of change, including the right to terminate therapy at any time.

Your signature below indicates that you have read this information and agree to its terms.

Client signature

Date

Therapist signature

Date



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Contacting Your Therapist and Emergencies:

Due to fluctuating work schedules, your therapist may not be immediately available by telephone. You do have the option of leaving a message for your therapist by voice mail, which is available 24 hours a day. Your therapist will make every effort to return your call on the same day with the exception of weekends and holidays. If an emergency for which you feel immediate attention is necessary and we are unable to return your call, you are encouraged to contact your family physician, 911, the county crisis service (330)264-9029, or the nearest emergency room for immediate assistance.

Limits On Confidentiality:

The law protects file privacy of any communications between a client and a psychotherapist. Confidential information will only be revealed to others when you or other persons legally authorized to give a written consent on behalf of the client, except in those circumstances in which failure to do so would violate other laws or would result in clear and present danger to you, the client, or others. There are other situations that require you to provide written, advanced consent. Your signature on this Agreement provides consent for those activities, as follows:

- It is standard professional and ethical conduct of counselors to consult with other professionals in the field. Consultation allows a freedom to gain other professional perspectives and ideas concerning how to best help you reach your treatment goals. No identifying information is shared in such consultations unless a release has been obtained. If the client's identity becomes known during consultation, both professionals are also legally bound to keep the information confidential.
- The SUMMIT Therapy Center employs an Office Manager. In most cases, your therapist needs to share protected information with the Office Manager for administrative purposes, such as scheduling and billing.

In certain situations, we are permitted or required to disclose information without your authorization:

- If a government agency is requesting the information for health oversight activities, your therapist may be required to provide it for them.
- If a patient files a complaint or lawsuit against a therapist, they may disclose relevant information regarding that patient to defend themselves.
- The SUMMIT Therapy Center therapists are mandated reporters. Any abuse and/or neglect of minors, elderly, or developmentally disabled/mentally handicapped individuals must be reported to the authorities.
- Any threats of harm to others, or self-harm, must be reported to the appropriate service by your psychotherapist.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, your therapist is available to discuss any questions or concerns that you may have.

Social Media Policy

Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship.

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Professional Records:

Pursuant to HIPAA, your therapist will keep Protected Health Information about you in a professional record file that constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, goals that we set for treatment, and your progress towards those goals. It also includes your medical and social history, your treatment history, past treatment history that we may receive from other providers, reports of any professional consultations, and any reports sent, including clinical reports to your insurance carrier. Your record will be kept in a secure location for seven years after your counseling services are terminated.

Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. We recommend that you initially review your record in the presence of your therapist or have them forward it to another mental health professional so you can discuss the contents with that professional. A copying fee of 50 cents per page will be assessed to you, plus postage if mailing is required.

Minor Children - A parent of a child who is not the residential parent of the child is entitled to access under the same terms and conditions under which access is provided to the residential parent any record that is related to the child. An exception to this is only when the court determines that it would not be in the best interest of the child for the parent who is not the residential parent to have access to the records under those same terms and conditions.

Patient Rights:

An Ohio Notice Form is posted in the lobby of SUMMIT Therapy Center for your review. A copy of the form can be made available to you upon request. Please refer to the Ohio Notice Form that describes policies and practices to protect the privacy of your health information.

Supervision:

Supervision and consultations are provided by Leslie Feder, LISW-S and Douglas Princehorn, LISW-S. You may receive insurance statements with Leslie's or Doug's name on it. All information regarding your counseling services will be maintained within the legal limits of confidentiality.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT THE HIPAA NOTICE FORM DESCRIBED ABOVE HAS BEEN MADE AVAILABLE TO YOU.

Client Signature

Date

Therapist Signature

Date