

SERENITY



BEHAVIORAL HEALTH SERVICES

Welcome to SERENITY BEHAVIORAL HEALTH SERVICES!

We are pleased that you selected us to provide mental health services to you and/or your family. We provide the highest quality of care and support in a professional and therapeutic manner. We hope that your mental health needs will be met by us and that you will be satisfied with the outcome.

Serenity-BHS provides mental health services to children, adolescents, and adults. We provide a comprehensive approach to each person we serve, embracing a client-centered, and strength-based approach.

We take pride in our all-inclusive practice, welcoming everyone with respect to race, religion, culture, age, gender, sexual orientation, gender identity, and socioeconomic status. We regularly serve the LGBTQ+ community, the deaf and hard of hearing community, and those in AOD (Alcohol and Other Drug) recovery.

Our Mission is to provide quality behavioral health services that encourage and support your journey toward personal serenity.

Our Vision embraces a community where all individuals are given the resources and opportunities necessary to assist them in their journey to health and wellness.

Our approach includes:

- Providing therapeutic, supportive, and educational services to clients we serve
- Providing a client-centered, strengths-based approach when working with clients to meet their individual needs
- Providing professional, well trained, and culturally sensitive staff and care providers

We specialize in working with:

- Adults struggling with life issues that may be causing anxiety, depression, stress, or anger
- Couples struggling with trust, intimacy, and communication in their relationship
- Families struggling with parenting, behavioral, and/or relationship issues
- Treatment of alcohol, drug, and/or sex addictions
- Individuals needing to address issues of sexual orientation and/or gender identity
- Deaf and hard of hearing individuals needing therapy
- LGBTQ+ individuals and families
- Individuals struggling with abuse and PTSD issues
- Individuals struggling with mood disorder

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Our agency's services include providing outpatient mental health treatment in central Ohio. Specifically:

- **Behavioral Health Services** for individual, family, and group counseling for emotional, behavioral, and psychiatric issues;
- **Psychiatric Services** provides medication management services for adults, both in person and telehealth sessions are available.
- **Intensive Outpatient Program** provides group therapy that equals about 3 hours per day, 3 days per week, to address issues of depression, anxiety and trauma related symptoms.
- **Skill-Building Group Therapy** for adolescents and adults with mood disorders, substance use disorders, or other psycho-social stressors. Each group is about 2 hours, 1x per week.

Hours of Operation – Office hours are Monday through Friday, 8am–8pm, and Saturdays 9am–2pm depending upon the availability of your therapist.

Our Services and Fees are based upon the approved rate of your health insurance company. Our private pay fee is set at below-market pricing and is designed to be manageable for our clientele. Session fees include additional time for therapists/counselors to make notes, fill out assessment forms, make telephone calls and referrals when needed, and to plan for future sessions. Every effort is made to begin and end each session promptly, however, should a psychological emergency arise, your session may not start/finish on time.

Fees for Services include:

- **First Session (*Diagnosis Assessment*):** \$130.00 for a 60-minute session
- **Individual, Couples, or Family Therapy:** \$100.00 for a 55-minute session
- **Intensive Outpatient Program “IOP”:** \$100 per day, per group.
- **Group Therapy:** \$50 per group session
- **Additional time:** \$25 per 15 minutes of time
- **We accept a wide range of insurances**, including Anthem, Aetna, Medical Mutual, Optum, Tricare, Humana, Aetna, Buckeye Health, Ohio Health, and Employee Assistance Programs (EAPs). Some insurances do not cover some services, in that case, additional fees may apply.

If you plan to use your insurance, please contact your insurance company, and ask them about co-payments, deductibles, and the total number of allowable sessions permitted per your policy.

We ask that all co-pays and fees be paid at the time of your appointment. We also ask that any balance owed for past services be paid upon receipt of our invoice.

623-H Park Meadow Road, Westerville, Ohio 43081
(614) 948-3273 Main (855) 740-2025 Fax

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**BEHAVIORAL HEALTH SERVICES****Please bring with you to your first session:**

- Your current, valid health insurance card(s)
- Your picture ID
- Credit Card if you have a copay.

Cancellation Policy — I understand that I must give at least 24-hours' notice if I intend to cancel my therapy session to avoid paying a \$50.00 cancellation fee. I also understand that I have a right to terminate treatment at any time. I understand that if I cancel less than 24 hours before or miss more than 2 appointments without cancellation, Serenity-BHS has the right to terminate my treatment.

Bringing a Child or Children to your Session — Please remember that unsupervised children under the age of 8 are not permitted in the waiting room. For the safety of your child(ren), please make childcare arrangements prior to your session. If other arrangements are not possible, please bring a relative or friend with you (12 and older) to care for them while you are in session.

Communication Policy — I consent to communications between myself, and my therapist using phone calls, emails, and/or cell phone text messages to schedule or reschedule appointments. I understand that I should only communicate non-confidential information via email or text messages with my therapist and that emails and texts are not a form of treatment.

Confidentiality and Limits of Confidentiality — Professional standards regarding confidentiality are adhered to by our entire staff. Statutes require and/or permit us to notify specified others in situations of intent to commit homicide, suicide, and child, adult, or dependent person abuse or neglect.

FMLA, Short-term, or Long-term Disability (DA) Documentation for Clients:

Clients struggling with moderate to severe mental health symptoms may have significant impairments preventing them from working or attending school. To support their inability to work or attend school for a specific period of time, a client may request that their therapist complete FMLA, short-term, or long-term disability Diagnostic Assessment (DA) documentation. Therapists are required to consult with their Serenity-BHS supervisor(s) regarding a client's symptoms, level of impairment, and history of presenting issues before they can commit to filling out disability documentation or sign disability paperwork. If a client's request for documentation is approved, an in-depth Diagnostic Assessment will be completed by your therapist, and a treatment plan developed that outlines a course of treatment to meet the client's needs and assist them in returning to work or school on a full-time basis with FMLA accommodations. This process will require 2-3 sessions to be completed prior to submitting documentation to any outside entity.

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Treatment plan recommendation will include one or more of the following:

If a client is off work/school due to severe mental health symptoms, it indicates that a higher level of care is needed. The following options are available and should be agreed upon by the client prior to completing the FMLA, writing a letter of school excuse for extended absences and/or Short-term disability paperwork.

- 1) Attend counseling 2-3x per week with the therapist; or
- 2) Be referred to PHP (Partial Hospitalization Program) or IOP (Intensive Outpatient Program) for an evaluation for intensive IOP/PHP therapy while continuing to be in counseling with the therapist

Client Satisfaction Surveys: Serenity-BHS values your feedback about the services we have provided to you. Serenity-BHS will invite you to participate in a quarterly and/or annual survey which will allow us to know how you feel about the treatment and services you have received from us. The survey will be confidential, and therapists will not know your name. The survey will allow us to continue to improve our operations and the delivery of our services. It will also allow your therapist to gain insight into how they can improve their effectiveness as a therapist. We appreciate your time and energy in completing our surveys. Participating in our surveys is optional.

Client's Rights:

The services, programs, and facilities of Serenity Behavioral Health Services are provided on a non-discriminatory basis, as required by the Civil Rights Act of 1964. All residents of Franklin and surrounding counties are eligible for services without discrimination on account of race, creed, color, religion, sex, national origin, age, handicap, or ancestry. Participants in the services offered by Serenity-BHS are entitled to rights and grievance procedures as required by Ohio Revised Code 5119.61 for Serenity-BHS and as provided for by Ohio Department of Mental Health Rule #5122: 2-1-02.

Telehealth

Telehealth is a modality of providing Outpatient Mental Health Counseling via **Therapynotes Portal** which is HIPAA Compliant. Telehealth therapy includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skill training, and help with decision making using interactive audio, video, and telephone communications.

It is the policy of Serenity Behavioral Health Services to try to complete the first session in person, in the office, if and whenever possible. After the first session, tele-therapy can be utilized for on-going counseling services, especially for crisis sessions, sick days, bad weather days, and when a client is out of town on for personal matters.

Serenity Behavioral Health Services has taken substantial steps to ensure the confidentiality and privacy of therapy provided online. There are risks related to tele-therapy services, such as technological failures like unclear video, loss of sound, poor connection, or loss of connection.

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Nonverbal cues may be less readily available to both the therapist and the client. The benefits of tele-therapy may include: 1. Less limitations by geographical locations; 2. Reduction of travel to a physical office, which includes a decrease in travel time; 3. Participation in therapy from your own home or the environment of your choosing. Therapists are only licensed in Ohio and clients must legally reside in Ohio to receive tele-therapy services from their therapist. The current laws that protect privacy and confidentiality also apply to tele-therapy. Any exceptions to confidentiality are described in the Informed Consent document. All existing laws regarding client access to mental health information and copies of mental health records apply. No permanent video or voice recordings are kept from tele-therapy sessions. Clients may not record or store video conference sessions or face-to-face sessions.

To get the best outcome from TeleHealth sessions, it is highly recommended that the therapist and client:

- 1) have an internet connection of 384 kb or higher
- 2) have a computer screen resolution of 640x360 or better, 30 frames per second
- 3) have an operational web camera HD 1080p
- 4) have proper lighting and seating to ensure a clear image of each person's face
- 5) dress and set up in an environment appropriate to an in-office visit
- 6) only have agreed upon participants present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for terminating the session
- 7) must disclose the physical address of the telehealth location at the start of the session. An unknown location will be cause for termination of the session. This is to ensure we are "meeting" at a place that will protect your confidentiality (no coffee shops, grocery stores, etc.). We will not meet while a client is driving.
- 8) shall provide a phone number where they can be reached in the event of service disruption. Cell phone bandwidth and screen resolutions are sufficient.

TeleHealth may not be the most effective form of treatment for certain individuals or presenting problems. Arrangements to meet via tele-therapy must be made in advance. Therapists reserve the right to reject requests to meet via tele-therapy if they do not think the situation is appropriate. Should technical difficulties cause session disruption, the therapist will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the sessions will resume, and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session.

Payment:

The co-pay for TeleHealth is the same as the co-pay for in-person office visits.

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Serenity Behavioral Health Services cannot guarantee the security of any internet transmissions or communications. **The client agrees to take full responsibility for the security of any communications or treatment on their own computer and in their physical location.**

SICK POLICY (COVID, Flu, or Virus):

I understand that Serenity-BHS is following CDC guidelines with office cleanings and waiting area spaces to decrease the risk of spreading a virus. I also understand that all therapists and staff are committed to monitoring their own health to ensure that they do not provide in-person office counseling if they have any symptoms or have been exposed to anyone who has been exposed to COVID.

I understand that carriers of COVID, flu, and other infectious viruses may not show symptoms but may still be highly contagious. I understand that if I have any of the following symptoms listed below, I should cancel my session or request to be seen via Tele-therapy:

- Fever
- Dry cough
- Shortness of breath
- Body aches
- Persistent pain or pressure in the chest
- Bluish lips or face

I agree that I will not attend an in-person therapy session with my therapist if I have any symptoms of COVID, flu, or other illnesses that may be spread through close contact with others. I also agree that if anyone in my household or someone I have had physical contact with within the last 72 hours has developed any of the above symptoms and who may have exposed me, I will cancel my in-person appointment and request a Tele-therapy session instead.

Client Rights**Each client has the following rights**

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy,
2. The right to services in a humane setting, which is the least restrictive as defined in the treatment plan,
3. The right to be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives,
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client,
5. The right to a current, written, individualized service plan that addresses one's own mental health, social, and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral,
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan,

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7. The right to participate in any appropriate and available services offered by Serenity-BHS. Clients have the right to refuse to participate in any specific service. The therapist and/or agency has the right to determine if the client meets the criteria for any specific service or if their therapeutic needs may be better met by an outside behavioral health provider. The client has the right to decline any such referrals. The agency has a right to terminate treatment with the recommendation of at least 2 other treatment providers if the agency believes that they are unable to continue to meet the treatment needs of the client. Any decision to provide specific services or refer clients to outside providers will be documented in the client's treatment plan and/termination note,
8. The right to be informed of and refuse any unusual or hazardous treatment procedures,
9. The right to be advised of and refuse observation of techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs,
10. The right to confidentiality of communications and of all personally identifying information with the limitations and requirements for disclosure of various funding and/or certifying sources, state, or federal statutes, unless release of information is specifically authorized by the client or parents, or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with rule 5122.2-3-11 of the administrative code,
11. The right to have access to one's records unless access to identified items of information is specifically restricted for the individual client for clear treatment reasons noted in the client's treatment plan. Clear treatment reasons shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client information about the individual client that necessitates the restriction. Restrictions must be renewed at least annually to retain validity. If a client has signed a release of information, any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policy and procedures for viewing or obtaining copies of personal records,
12. The right to be informed in advance of the reasons for discontinuance of service provision, and to be involved in planning the consequences of that event,
13. The right to receive an explanation of the reasons for denial of service,
14. The right not to be discriminated against in the provision of service based on religion, color, creed, sex, national origin, age, sexual orientation, gender identity, lifestyle, race, physical or mental handicap, or developmental disability,
15. The right to know the cost of services,
16. The right to be fully informed of all rights,
17. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service,
18. The right to file a grievance; and
19. The right to have oral and written instructions for filing a grievance.

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CLIENT RIGHTS OFFICER: The Client Rights Officer is available to assist clients with all aspects of client rights and the grievance procedure. This information is required by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board which regulates all licensed counselors. Counselor and Social Worker, Marriage and Family Therapist Board: 50 W. Broad St., Ste. 1075, Columbus, OH 43215-5919 *614-466-0912

HIPAA - The Health Insurance Portability and Accountability Act of 1996

If you are a client of Serenity-BHS, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully. Serenity-BHS must maintain the privacy of your personal health information and gives you this notice describing our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. However, if you sign a health care release of information, the person(s) you designate is/are allowed access to your records (doctor, parent, spouse, guardian, medical power of attorney, legal requirement, etc.).

We reserve the right to change the privacy practices described in this notice in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

Without your written authorization, we can use your health information for the following purposes:

1. **Payment:** For Medicare, Medicaid, or insurance companies to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided for you.
2. **Health care operations:** We may need your diagnosis, treatment, and outcome information to improve the quality of care we deliver in accordance with our internal quality assurance procedures.
3. **As required or permitted by law:** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, hospitalizations, and other incidents to government agencies in accordance with the law.
4. **For public health activities:** We may be required to report your health information to authorities to help prevent or control diseases, injuries, birth or death information, or information of concern to the Food and Drug Administration.
5. **For health oversight activities:** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline, or license those who work for government benefit programs.
6. **To avoid a serious threat to health or safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we

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believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

7. **For law enforcement custody:** If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

***NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time, if your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to Serenity-BHS' Director.*

Your Health Information Rights

You have several rights regarding your health information. If you wish to exercise any of the following rights, please contact the CEO, Mary K. Wright. Specifically, you have the right to:

1. **Inspect and copy your health information:** With a few exceptions, you have the right to inspect and obtain a copy of your health information. Please be advised that this right does not apply to psychotherapy notes or information gathered for judicial proceedings. A Release of Information (ROI) consent form will need to be signed by the client or guardian for such records to be released.
2. **Request to correct your health information:** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. Your request may be denied if we did not create the health information you believe is incorrect, or if we disagree with you and believe your health information is correct.
3. **Request restrictions on certain uses and disclosures:** You have the right to ask for restrictions on how your health information is used and/or to whom your information is disclosed. Please be aware that we are not required to comply with your requested restrictions.
4. **As applicable, receive confidential communication of health information:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status through a written letter sent to a private address. We are required to accommodate reasonable requests.
5. **Receive a record of disclosures of your health information:** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your written request for a disclosure list within 60 days of receipt unless you agree to a 30-day extension. We may not charge you for a disclosure list unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of

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treatment, payment, health care operations, our directory, national security, law enforcement/corrections and certain health oversight activities.

6. **Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice.
7. **Grievances:** If you believe your privacy rights have been violated, you may file a written grievance with our CEO or the federal Department of Health and Human Services. We will not retaliate against you for filing a grievance. We would like to have the opportunity to resolve the issue directly with you prior to filing a grievance with any external entity. To file a grievance, please contact the CEO Mary K. Wright 614-774-1120 directly and she will provide you with the necessary assistance and paperwork.
8. **Contact Information:** The Agency is required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact us at 614-948-3273.