

**130 West Third Street ~ Dover, Ohio 44622**

**Phone (330) 343-6600 ~ Fax (330) 343-6405**

**www.newlifedover.com**

**Client Handbook**

**2015**

*Providing help & direction through life’s hardest times*



***Welcome to New Life Counseling!*** We are pleased you have chosen to come to New Life. Our staff looks forward to working with you and is dedicated to providing the best possible mental health services to the community.

The following information is provided to help you understand your rights and responsibilities as a client, as well as the policies of New Life Counseling. Please take time to read this information in its entirety. If you have any questions, please discuss them with the Front Office Staff and/or your provider. When you have finished reading this information, please sign the accompanying form acknowledging that you have read and understood this information. We strongly encourage you to take an active role in your counseling experience, and we are pleased to discuss any questions you may have.

***OFFICE HOURS***

New Life Counseling is open from 8:00 am until 6:00 p.m. Monday through Thursday and from 8:00 am until 2:00 pm on Fridays. We are closed on most major holidays. There is no childcare available.

***EMERGENCIES***

New Life Counseling does not have on-call staff. If you have an emergency and need to talk with your therapist during business hours, please call 330-343-6600 and inform the Receptionist you have an emergency. After-hours, please telephone the Tuscarawas County Crisis Line at 330-343-1811 or report to your local emergency room. ***For immediate emergencies, do not hesitate to call 911***.

***APPOINTMENTS***

Therapy sessions last **forty-five (45) minutes** and are scheduled at a mutually agreed upon time and at intervals that best suit the needs of the work being done. We respectfully ask you to be prompt and to keep your scheduled appointments. We require at least twenty-four (24) hours notice of cancellation.

***CANCELLATIONS & NO-SHOWS***

**Clients who do not give at least a 24-hour notice** before cancelling an appointment or who “no-show” for scheduled appointments are subject to a **fee of $75.00** per missed appointment. Insurance does not cover missed appointments and late cancellations. Therefore this fee will be billed directly to you and will be due prior to the next scheduled appointment. In the event you are/were unable to make an appointment because of a true emergency, please speak with your provider.

Please understand that this late cancellation/no-show fee is made because when you make an appointment, you are reserving a particular block of time with your provider. This time is reserved for you and no one else. When you fail to appear for a scheduled appointment, or you do not give us sufficient notice to schedule someone else in your place, valuable treatment time goes to waste.

Appointment reminders are sent via text message, e-mail or phone call 48-hours prior to your scheduled appointment; however, these are simply a courtesy and not a requirement. Ultimately, it is your responsibility to remember the date and time of your appointment, even if you do not receive a reminder notification.

***THERAPEUTIC RELATIONSHIP***

New Life Counseling attempts to assist clients to resolve their own problems. Our licensed counselors will fully explain to you the process of any treatment you will receive and will establish with you the goals you want to address in your treatment. We believe that as you and your counselor work together to address your concerns, you will develop a sense of self-awareness that will influence your behavior and feelings. As a client, you are in complete control. If for any reason you are uncomfortable with the counselor with whom you are working, please discuss the situation with your counselor or the Front Office Staff so that the problem may be resolved or another counselor can be made available to you. If we are unable to assist you with the needs you wish to address, we will help you in finding those services with another agency. We also have the option of ending our counseling association if we determine it is necessary. Our ultimate goal is that you will feel better able to face life’s challenges in the future without need of professional support or intervention.

***SERVICES OFFERED***

Services are offered to children, adolescents and adults. Depending on need, clients may be seen individually or with other family members. Services provided by New Life Counseling include, but are not limited to:

* Mental Health Assessment
* Personality Assessment
* ADHD Assessment
* Individual Therapy
* Family Therapy
* Marital Therapy
* Psychological Testing
* Disability Evaluations
* Forensic Evaluations
* Hypnotherapy
* Pain Management

***FEES***

***NEW LIFE COUNSELING FEE SCHEDULE FOR SERVICES***

Individual Diagnostic Assessment $150.00

Individual Psychotherapy $120.00

Family Therapy w/patient $130.00

Family Therapy w/out patient $120.00

Crisis Intervention $180.00

Cash Client – Diagnostic Assessment $125.00

Cash Client – Psychotherapy $ 95.00

No Show/Late Cancellation $ 75.00

Basic Letters - including Short-term $ 25.00

Disability Paperwork

Form completion $ 25.00

Report preparation including insurance $180.00 Hr.

Reports and evaluations

Custody Evaluations $180.00 Hr. Min 3 hour

Consultation Research ~ Attorney $180.00 Hr. Min 1 hour

Or Court Related

Courtroom testimony $300.00 Hr

Telephone Consultation $20 per 10 minutes

Medical Records Per Ohio Revised Code Fee Schedule

***PAYMENT FOR SERVICES***

**You will be expected to pay for each session at the time you check in for your appointment.** We accept most private health insurance plans, Medicare and Medicaid plans as well as cash, personal checks and Visa/MasterCard. It is our policy at the start of each insurance plan’s fiscal year to collect **the full amount billable for your visit at the time of your visit until your deductible has been met.**

For those with no mental health or addictions insurance coverage, a Reduced Fee Program is available on a limited basis. Clients must complete paperwork and submit supporting documentation in order to qualify for the program. Review of submitted paperwork will not be completed until the necessary support documentation is received. Reduced fee approval and rates will be determined by the clinical director.

New Life Counseling is very willing to work with people to meet their financial obligations related to their counseling services. However, without a plan in place, outstanding payments that exceed ninety (90) days past due will be sent to collections. Pertinent information will be provided to the collection agency to recover payments due.

For further information, please refer to New Life Counseling’s **Financial Policy**.

***ACCOUNT REFUNDS***

Account refunds on client accounts will only be disbursed at the conclusion of client treatment, after all sessions have been finalized through insurance and payment has been remitted to New Life.

***COURT TESTIFYING***

For any employee who must testify in court, New Life Counseling charges Three Hundred and No/100 ($300.00) per hour, with a minimum charge for one hour. These fees are not covered by insurance.

***COURT PREPARATION***

For any employee who must testify in court, New Life Counseling charges One Hundred Eighty and No/100 ($180.00) per hour for preparation time, with a minimum charge of one hour. This pays for the clinician’s time to review all case notes and/or prepare required court documents. These fees are not covered by insurance.

***COMPLETION OF FORMS***

If you need to have forms completed by your counselor, we require an original copy of a signed release/consent form. We also require at least five (5) working days for the completion of the form. The fee for the completion of each form is $25, and the fee must be paid before the form will be sent to the appropriate party.

***CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION***

In general, the confidentiality of all communication between a client and a therapist is protected by law and can only be released with the client’s (or legal guardian’s) permission. The Health Information Portability and Accountability Act (HIPAA), a federal law, provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment and health care operations. HIPAA requires that New Life Counseling provide you with a **Notice of Privacy Practices** for use and disclosure of PHI for treatment, payment and health care operations. Please read this information carefully and write down any questions you may have so that you may have a discussion with your therapist to clarify your understanding.

There are exceptions to confidentiality whereby law requires clinicians make reports to appropriate authorities in order to protect life and limb. Those situations are:

1. If it is suspected that a child or an elderly person is being abused or neglected;
2. If it is believed that a person is threatening serious bodily harm to himself or to another;
3. If we are ordered by a Court to disclose information.
4. If you, as the client or legal guardian of a client, sign an *Authorization for Release of Protected Health Information* form directing us to discuss your case with another person/entity;

In every instance, all efforts will be made to fully discuss matters with you before action is taken to make a report.

***MINORS & CONFIDENTIALITY***

Any services provided to a child under age eighteen (18) will require a parent or legal guardian’s approval and signature. It is not our responsibility to confirm legally custody. To that end, please be aware that when you sign the consent to treat for your minor child to receive services, you are confirming your legal right to do so. New Life Counseling does require that you provide this office with a copy of any custody papers in relating the minor being treated.

If you, as the client, are under the age of eighteen but are not a legally declared Emancipated Minor, please be aware that the law does provide your parents with the right to examine your treatment records. If parents agree to limited access, they will be provided with general information about how your treatment is proceeding. The exception to this is if your therapist feels there is a high risk of your seriously harming yourself or another person, in which case your parents will be notified about such concerns.

***CONFIDENTIALITY OF ALCOHOL & DRUG ABUSE RECORDS***

In addition to the confidentiality rules of Protected Health Information under HIPAA, federal confidentiality rules (42-CFR Part 2) prevent the use of any information we have obtained to be used to criminally investigate or prosecute any alcohol or drug client. Disclosure of client identifying information is permitted if authorized by a court order, after application showing good cause.

***RELEASE OF PROTECTED HEALTH INFORMATION RECORDS***

All records are the property of New Life Counseling. Requests for release of records from New Life Counseling files require a properly executed *Authorization to Release Protected Health Information* signed and dated by the client or, when appropriate, by the legal guardian. A release is required for each person on whom information is to be released, i.e., if a couple is seen for marital counseling only information about the person who has signed the release may be given.

When a client requests copies of his file, the first copy is free. Thereafter, the client must pay processing fees which are governed by the Ohio Revised Code and subject to change on an annual basis. When releasing information, please note that – by law – we can only release documents generated by New Life. That is, if we have any collateral information in our file that was obtained from another agency, we cannot release the other agency’s information. A release of information is valid for one year from the date of signature.

**No records will be released unless the client’s bill for services is paid in full and/or a payment plan has been arranged.**

***REVOCATION OF RELEASE OF INFORMATION***

Clients have the right to revoke any *Authorization for Release of Protected Health Information* previously signed. In order to accomplish this, please ask the Front Office staff for a *Revocation of Authorization to Release Protected Health Information*. Once properly executed, the form will be attached to the applicable Release of Information.

***CASE CONSULTATION***

All staff at New Life Counseling participates in Clinical Case Reviews on a weekly basis. At that time, your counselor may consult with colleagues regarding your treatment. To every extent possible, your anonymity will be maintained.

No outside consultation is done with any outside entity or agency without a properly executed *Authorization to Release Protected Health Information.*

***REFERRAL***

At times it may be necessary to work with other community resources to assist you in meeting your needs. We will make appropriate referrals to these resources. It will be your responsibility to follow through on these referrals.

***BUILDING POLICIES***

* Tobacco Usage: New Life Counseling is a “smoke-free” zone. No smoking of any kind is permitted inside the New Life Counseling building. Smoking is not allowed within 25 feet of any of the building entrances.
* Alcohol and Illegal Drugs: New Life Counseling is a drug-free work zone. Possession, use, sale, purchase or distribution on agency property of any alcohol, illegal drugs or illegally possessed medications is strictly prohibited. Any violations of this rule could mean discharge from New Life Counseling services and/or notification to the proper law enforcement authorities.

***RIGHTS AND RESPONSIBILITIES***

***You have the right to:***

* Receive services without discrimination because of your race, sex, age, religion, color, creed, national origin, or disability.
* Treatment in the least restrictive, most appropriate manner possible.
* Be treated with dignity and respect, and not be subjected to any verbal or physical abuse or exploitation.
* Actively participate in the development of an individualized treatment plan, including the right to request a change of treatment or staff member within the limits of the Center’s ability.
* Receive a referral to another provider if we are unable to provide a treatment you need or request.
* Receive coordinated transfer of care when there will be a change of providers.
* See and review the written material in your records, by request, except that New Life Counseling may refuse to disclose specific portions of the record if it is believed that such disclosure would be injurious to your welfare or to others closely associated with you.
* Not be subjected to the use of any type of treatment or intervention, including the use of restraint or seclusion, done solely as a means of coercion, discipline and retaliation, or for the convenience of the Center.
* Refuse to participate in any experimental research.
* Receive treatment recommendations, if applicable, upon discharge.
* Make a complaint or file a grievance concerning a violation of any of these rights or any other matter. Complaints should be stated in writing, in letter form, and addressed to the Executive Director.
* To receive a timely response and to be free from retaliation for filing a grievance.
* Request to restrict a disclosure to your health insurance company for purposes of treatment or health care operations so long as you have paid for the underlying service in full.
* Confidentiality of your records and information regarding whether you currently are or have been a client.
* Make recommendations regarding New Life Counseling’s *Rights & Responsibilities for Clients*.

***You have a responsibility to:***

* Provide, to the extent possible, adequate clinical, insurance, financial, and demographic information necessary for us to provide services.
* Participate, to the extent possible, in understanding your mental health care problems and developing mutually agreed upon treatment goals.
* Treat those giving you care with dignity and respect.
* Participate in the treatment plan and instructions for care that have been agreed upon or discuss changes in your treatment plan with our treatment staff.
* Authorize communication with your primary healthcare practitioners and other providers who are essential to a coordinated plan of care.
* Let your therapist know if a crisis or emergency situation exists.
* Keep appointments or cancel prior to 24 hours.
* Notify your therapist or Front Office staff of any special arrangements you need due to a disability or special condition.
* Respect the confidentiality of other patients and individuals with whom you may have contact with while at our office.
* Notify your therapist of the initiation of medications or changes in medications made by your healthcare physicians.
* Notify the Executive Director of dissatisfaction with services.
* Notify your therapist if you plan not to return for services.
* Treat all staff and property with courtesy and respect.
* Assist in maintaining a safe environment.
* Notify the receptionist of changes in any of the following: name, address, telephone number, insurance, and financial status.
* Make sure payments for services are made in a timely manner or are discussed with the Office Manager.
* Provide for the care and supervision of your children while you are receiving services.

***COMPLAINTS***

If a client believes that his/her rights have been violated by a mental health professional, the client is encouraged to first discuss the situation with their counselor. If you feel that your issues have not been properly dealt with or you are dissatisfied with the response given by your counselor you are asked to provide a written complaint to the Clinical Director. The Clinical Director will, within five (5) working days, investigate the complaint, will address the issue presented and will work to resolve the issue to the client’s satisfaction.

If you have any questions, feel free to ask. Please sign and date the appropriate form to confirm that you have read and have understood all of the policies and information contained in this Handbook.