



WEAVER  
COUNSELING AND ASSESSMENT SERVICES, LLC

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## NOTICE OF PRIVACY PRACTICES

*Your Information. Your Rights. Our Responsibilities.*

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

***Get an electronic or paper copy of your medical record.***

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee if you agree to this.

***Ask us to correct your medical record.***

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

***Request confidential communications.***

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

***Ask us to limit what we use or share***

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say 'no' if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

***Get a list of those with whom we've shared information.***

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

***Get a copy of this privacy notice.***

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

***Choose someone to act for you.***

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

***File a complaint if you feel your rights are violated.***

- You can complain if you feel we have violated your rights by contacting us using the information on the first page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

***Right to Inspect and Copy.***

- You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record, except under some limited circumstances.
- If we maintain the information in an electronic format you may obtain it in that format. This does not apply to information created for use in a civil, criminal or administrative action or proceeding. We may charge you reasonable amounts for copies, mailing or associated supplies under most circumstances. We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to your PHI, you may ask that our denial be reviewed.
- Under certain circumstances where we feel, for clearly stated treatment reasons, the disclosure of your record might have an adverse effect on you, we will provide your records to another mental health therapist of your choice if that is allowable under state and federal law.

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

***In these cases, you have both the right and choice to tell us to:***

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

***Treat you***

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you share it with other professionals who are for an injury asks another doctor treating you.*

***Run our organization***

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

***Bill for your services***

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

***Help with public health and safety issues***

- We can share health information about you for certain situations such as:

- *Reporting adverse reactions to medications*
- *Reporting suspected abuse, neglect, or domestic violence*

- Preventing or reducing a serious threat to anyone's health or safety
- Preventing disease
- Helping with product recalls

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official under certain circumstances
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court order or administrative subpoena

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. (9/27/2019)

This Notice of Privacy Practices applies to the following organization:

Privacy Official: Isaac Weaver, Psy.D. | Phone: (330) 203-1405/Email: [iweaver@weavercas.com](mailto:iweaver@weavercas.com)

## SERVICES CONTRACT

Please review the following items and discuss them with your provider. You will be asked to sign a document indicating that you have read and understand each of the items below.

NOTICE OF PRIVACY PRACTICES: I acknowledge that I have been given the **Notice of Privacy Practices** document that outlines the appropriate use and disclosure of my Protected Health Information (PHI).

EMERGENCIES: I understand that Weaver Counseling and Assessment Services, LLC is not an emergency facility. If I have an emergency, I will call 911 or go to the nearest Emergency Department.

CONTACTING MY PROVIDER: I acknowledge that, in addition to the contact information listed on this document, I may contact my provider via the Client Portal. I understand the limitations of non-real time communication and that it cannot be used in emergencies.

DESCRIPTION OF SERVICES: Counseling (sometimes referred to as therapy or treatment) is not easily described in general statements. It varies in its nature depending on the presenting concerns, as well as the personalities of the provider and the patient. There are many methods that may be used to address presenting concerns. Counseling is not like visiting a medical doctor. Instead, it calls for a very active effort on the part of the patient and others involved in the patient's care. Counseling involves developing a specific, individualized treatment plan tailored to the patient's needs. In order for counseling to be most successful, the patient will have to work on things addressed both during sessions and outside of sessions.

Assessment (sometimes referred to as psychological testing or psychological evaluation) involves the collection of clinical data, whether by performance tasks or tests, self-report measures, or rating scales. Assessment aids in clinical conceptualization and the design of tailored recommendations for intervention. Assessment procedures and results may be documented in a written report.

Counseling and assessment can have benefits and risks. Counseling and assessment may lead to possible uncomfortable feelings while addressing presenting concerns. Possible benefits include: improved relationships, new skills and strategies to face particular challenges, increased ability to make choices that lead to greater physical, emotional, and relational health, and the reduction of distressing feelings. Counseling and assessment are likely to produce new opportunities, as well as unique new challenges. Ultimately, there are no guarantees as to what you might experience from counseling and assessment.

The first step in counseling or assessment will be an evaluation of your needs. By the end of the evaluation, your provider will be able to offer you some first impressions of what clinical work will include, and a treatment plan to follow, if you decide to continue with counseling or assessment. You should evaluate this information along with your own opinions of whether you feel comfortable working with your provider. Counseling and assessment involves a large commitment of time, and/or money and/or energy, so you should be careful about the provider you select. In light of this description of counseling and assessment:

- ❖ I understand that I am encouraged to discuss my treatment plan or procedures with my provider, especially if I experience unexpected discomfort, or I am concerned about an outcome of counseling or assessment.
- ❖ I understand that if I am dissatisfied with services rendered, I am encouraged to discuss this directly with my provider who will work with me to uncover what might be preventing progress, who will modify goals as appropriate, and who can make a referral to another professional, as necessary, or at my request.

DIAGNOSIS: I understand that a diagnosis will be given prior to submitting an insurance claim. I recognize that this will be done thoughtfully and will be based on the information available at the time of the appointment. I also understand that it may be modified as additional information becomes available. I recognize that the policyholder will have reference to my diagnosis via an Explanation of Benefits Document.

CLAIMS: I authorize Weaver Counseling and Assessment Services, LLC to release, obtain, and verbally exchange any information deemed necessary to process my claims. This may include releasing, obtaining, and verbally exchanging information about my claim(s) to the Ohio Department of Insurance in connection with any failure on the part of an insurance company or benefits provider to properly pay a claim in a timely manner, as well as the Ohio Department of Commerce, which requires certain reporting of unclaimed funds. In those instances, only the minimal, required, information will be supplied.

INSURANCE/BENEFITS/PAYMENT: I understand that I am responsible for knowing information related to my benefits, coverage, deductibles, payment rates, and coinsurance/copayments and that I will be responsible for any and all charges not covered by my insurance/benefit provider or payor. I understand that I am responsible for any copays, coinsurance, or deductibles required by my insurance/benefit provider or payor, as well as any non-covered, ineligible, or unauthorized services. I understand that if I have questions about my insurance/benefits coverage I can call my plan administrator. I assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to Weaver Counseling and Assessment Services, LLC. Medicare regulations may apply. I understand that Employment Assistance Program benefits are not accepted.

INSURANCE/BENEFITS/PAYMENT AUTHORIZATION: I authorize Weaver Counseling and Assessment Services, LLC to release and/or obtain information with insurance/benefits provider or payor for billing purposes. I understand that most agreements made with insurance/benefit providers or payors require patients to authorize providers to provide a clinical diagnosis. I understand that this information will become part of the insurance/benefit provider or payor files, and in all probability some of it will be computerized. I understand that while usually insurance/benefit providers and payors claim to keep such information confidential, once this information is in the possession of the insurance/benefit provider or payor, Weaver Counseling and Assessment Services, LLC has no control over its use.

PAYMENT: I understand that I will be expected to pay for each session upon an update to my invoice. I understand that a convenient method of payment is via credit/debit card via AutoPay through the Client Portal. I understand that if the patient is a minor, the parent/legal guardian is responsible for the bill.

ACCEPTABLE FORMS OF PAYMENT: Payments may be made in the form of cash, check, Health Savings Account, and/or credit/debit card. Checks should be made to "Weaver Counseling and Assessment Services, LLC."

PROBLEMS WITH PAYMENT: I understand that if I believe I will have trouble paying my bills on time that I am encouraged to speak to my provider about this and that, in select circumstances, a payment installation plan can be initiated at no additional cost. I understand that if my account remains unpaid without arrangement for more than 60 days, it may be referred for collections and credit reporting. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding services rendered include patient name, the nature of services provided, and the amount due. I understand that payments processed that result in non-sufficient funds available for payment will be charged \$25.00 and that Not-Sufficient-Funds checks must be replaced with cash, certified check, or money order. I understand that should my account have a statement returned with no forwarding address, that there will be a \$25.00 charge and my account may be turned over to a collection agency.

PSYCHOLOGICAL ASSESSMENT: I understand that insurance companies may not cover the cost of psychological testing services. I understand that if I desire to complete psychological testing but my insurance provider does not cover the cost of psychological testing services, I will be expected to pay out-of-pocket for any psychological testing that is to be completed

RELEASE OF INFORMATION/LIMITS OF CONFIDENTIALITY: I understand that the information given to my provider, written, oral, or electronic, will not be disclosed without my expressed written authorization. I also understand that there are certain circumstances (outlined in the *Notice of Privacy Practices*) that may require part or all of my record to be released without my expressed written authorization. Specific examples of these circumstances include:

- ❖ Harm of Self/Others: If my provider believes that I present a clear and substantial risk of imminent harm to myself or to someone else, and my provider believes that disclosure of certain information may serve to protect myself or the potential victim, then my provider must disclose that information to any or all of the following: a) the appropriate agencies (i.e., calling the police department, seeking hospitalization), b) the potential victim, c) professional workers, d) family members and/or my designated emergency contact.
- ❖ Mandated Reporting: I understand that staff at Weaver Counseling and Assessment Services, LLC are mandated reporters and, as such, they are legally bound to report to the appropriate agency even suspicions of abuse, neglect, or exploitation related to a child, elder, or individual with a disability, if they have reasonable cause to do so.
- ❖ Domestic Violence Documentation/Reporting: I understand that if a provider at Weaver Counseling and Assessment Services, LLC knows or has reasonable cause to believe that a patient has been the victim of domestic violence (i.e., physical abuse or violence, sexual violence or abuse, emotional/psychological abuse), the provider must note that knowledge or belief and the basis for it in the patient's record. I understand that if a patient presents with injuries related to gunshot wounds, stabbings, second degree burns, or serious injury, the provider is required to make a report to police or other legal authorities.
- ❖ Litigation: I understand that if I were to file a complaint or a lawsuit against my provider, my provider may disclose relevant information regarding my care for the purpose of legal defense.

Should any of the aforementioned situations arise, I understand that my provider will limit the disclosure to what is necessary, and that my provider will make every effort to fully discuss the matter at hand with me before taking action, if my provider deems that as appropriate.

#### Clinical Care

I understand that my provider may at times find it helpful to consult other health and mental health professionals about my care, including providers on staff with Weaver Counseling and Assessment Services, LLC. The other professionals are also legally bound to keep the information confidential. If I do not object, I will not be informed about these consultations unless I request to be informed.

#### Administration

I understand that Weaver Counseling and Assessment Services, LLC shares office space with several other mental health providers who share administrative support. For this reason, it is necessary to share protected health information for administrative purposes, such as scheduling, billing, consultation, and quality assurance. All staff are bound by the same rules of confidentiality and all staff are aware of their responsibility to protect patient privacy.

Legal Matters

I understand that occasionally (only infrequently), the need to consult an attorney regarding legal issues involving patient care may arise. An attorney is bound by confidentiality rules also. Should the need to consult an attorney arise, only the information needed to receive appropriate legal advice will be supplied.

MINORS: I understand that if a patient is under eighteen years of age and not emancipated, the law provides parents/legal guardians the right to examine clinical records absent a court order blocking the access of a parent or legal guardian. I understand that if a patient is between the age of 14 and 18, that patient may independently consent to and receive up to 6 sessions of counseling (therapy), provided it is within a 30 day period and no information will be disclosed to that patient's parent/guardian or others, unless there is a compelling need for disclosure based on a substantial probability of harm to the patient or other persons and if the minor is notified of the mental health professional's intent to inform the minor's parent, or legal guardian. Under this option for counseling services, the minor patient will be responsible for payment.

I understand that for children 14 and over, in general, any information shared with a patient's parent or legal guardian will be limited to high-risk behavior or behavior that could seriously harm the patient or another person, unless the matter to be shared has been discussed with the patient first and the provider has done their best to handle any objections from the patient.

I understand that parents of a minor child must recognize that if a minor child or children are the only patient(s), that typically both parents hold the privilege on all communication involving the child while in therapy, and that anything that either of them says in a session is available to the other parent, unless blocked by a court order.

SUBSTANCE USE INFORMATION: I understand that in certain circumstances, certain protections are given to any information shared by a patient regarding substance use under 42 CFR (Code of Federal Regulations) Part 2 that prevent disclosure of a patient record with regard to substance use without the expressed written authorization of a patient, and that the disclosure of such substance use information in court proceedings is contingent on a specific court order.

COURT TESTIMONY: I understand that, if called to testify in a legal case of any kind, my provider will only provide information related to the stated presenting concerns/treatment goals, attendance, and general level of participation. I understand that given the difficulty of legal involvement, my provider will be paid at a rate of 200% of their hourly rate for administrative services for preparation and attendance at any legal proceeding. I understand that this amount is designed to cover the cost of court preparation, lost wages, travel, and other expenses.

ELECTRONIC COMMUNICATION: Texting is only used as a form of communication with patients for the purpose of appointment coordination with patient approval. With few exceptions, electronic communication is limited to secure communication via the Client Portal. In general, communication via the Client Portal should be limited to things like setting and changing appointments, billing matters, and other related issues. Communication regarding clinical matters is best reserved for in-person communication. Electronic communication should not be used to contact a clinician for emergencies, as there may be a delay in reading your message. The recipient of any Weaver Counseling and Assessment Services, LLC email should check the email and attachments for the presence of viruses. Weaver Counseling and Assessment Services, LLC accepts no liability for any damage caused by any virus transmitted in company email. Permission is granted to forward any Weaver Counseling and Assessment Services, LLC email unless otherwise stated in the body of the message. If you need to discuss a clinical matter, please feel free to call your provider or wait to discuss it during your next session. Phone or face-to-face context simply provides a much more secure and



reliable form of communication.

## TELEHEALTH SERVICES CONTRACT

The purpose of this **Telehealth Services Contract** is to provide informed consent for Telehealth services by outlining important information about policies related to Telehealth services offered. Please review the following items and discuss them with your provider. You will be asked to sign a document indicating that you have read and understand each of the items below.

### GENERAL INFORMATION

DESCRIPTION OF SERVICES: Telehealth means the practice of therapy/counseling by distance communication technology such as, but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing. Services delivered via Telehealth rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health apps, and others. Your provider typically provides Telehealth services using 1) doxy.me, a web-based videoconferencing tool, and 2) a telephone.

You will need access to Internet service and/or technological tools needed to use the above-listed tools in order to engage in Telehealth work with your provider. If you have any questions or concerns about the above tools, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

#### POSSIBLE BENEFITS OF TELEHEALTH:

- ❖ Receiving services at times or in places where the service may not otherwise be available.
- ❖ Receiving services in a manner that may be more convenient than in-person meetings.
- ❖ Receiving services when you are unable to travel to the provider's office.

#### POSSIBLE RISKS OF TELEHEALTH:

- ❖ Because Telehealth sessions take place outside of the provider's private office, there is potential for other people to overhear sessions if you are not in a private place during the session.
- ❖ Internet connections and cloud services could stop working or become too unstable to use.
- ❖ Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
- ❖ Cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that is transmitted or stored in the process of Telehealth-based service delivery.
- ❖ Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person.

There may be additional benefits and risks to Telehealth services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the

technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your relationship progresses.

TELEHEALTH AS AN APPROPRIATE SERVICE: Service delivery via Telehealth is not a good fit for every person. Your provider will continuously assess if working via Telehealth is appropriate for you. If it is not appropriate, your provider will help you transition to in-person appointments or find in-person providers with whom to continue services. Please talk to your provider if you find the Telehealth media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the Telehealth medium seems to be causing problems in receiving services. Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to your provider is often a part of the process. You also have a right to stop receiving services by Telehealth at any time without prejudice. If your provider also provides services in-person and you are reasonably able to access the provider's in-person services, you will not be prevented from accessing those services if you choose to stop using Telehealth.

SECURITY & PRIVACY: Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged. As with all things in Telehealth, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know, and use secure networks. Also, use the secure tools that your provider has supplied for communications. Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care. Your provider will not record video or audio sessions.

## COMMUNICATION

TELEHEALTH ENVIRONMENT: You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

COMMUNICATION PLAN: At the outset of Telehealth services, we will confirm a plan for backup communication in case of technology failures ("**Communication Plan**"). The best way to contact your provider between sessions is to call (330) 203-1405. Your provider will generally respond to your messages within 24 hours. In the case of an emergency, you should call an Emergency Department (911). If your provider will be unavailable for an extended period of time, your provider will provide you with the name of a colleague to contact in their absence when necessary.

## SAFETY

SAFETY PLANNING: As a recipient of Telehealth, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider. Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies. Your provider will also develop with you a plan for what to do during mental health crises and emergencies. It is important that you engage with your provider in the creation of this plan ("**Safety Plan**") and that you follow this plan, as needed. At the start of each session, as a safety measure, you will be asked to confirm your location.

FEES: Fees for services rendered via Telehealth are the same as listed in the *Financial Agreement*. Please note that if you are using insurance or other benefits, the modifier "GT" will often be provided as a modifier, to demonstrate the provision of Telehealth, and the location will often be listed as "L02," or "L10." In the case that your insurance/benefits provider and/or payor does not cover Telehealth services, you will be solely responsible for the fee for services. Please contact your insurance/benefits provider or payor prior to engaging in Telehealth sessions to confirm your coverage. As with any services rendered, you are responsible for knowing information related to benefits, coverage, deductibles, payment rates, and coinsurance/copayments, and you will be responsible for any and all charges not covered by an insurance/benefit provider or payor. You are responsible for any copays, coinsurance, or deductibles required by an insurance/benefit provider or payor, as well as any non-covered, ineligible, or unauthorized services. You are encouraged to speak with your provider regarding any questions you have about fees.

## COMMUNICATION PLAN

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two minutes and then re-contact you via the Telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two minutes, then call us at **(330) 203-1405**. If there is a technological failure and we are unable to resume the connection, please note that you will only be charged for the amount of time that had accrued at the time of the failure. We will call your designated back-up phone in case of a disruption to the session. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call back; instead, call **911** or go to your nearest emergency room. Call back after you have called or obtained emergency services.

## SAFETY PLAN

Should a mental health crisis or emergency occur during the provision of Telehealth services, your provider will work with you to establish safety. Should a need arise during the provision of Telehealth services to make sure that you or others are safe, your provider will contact the Emergency Contact you designated as nearby and make arrangements with the nearest Emergency Department you designated.

## FINANCIAL AGREEMENT

Please find below a fee schedule regarding clinical, administrative, and consultation services. Fee structure is the same for services delivered in person or for Telehealth services. At times, you may recognize add-on codes to your bill related to length or complexity of session. Please note that our fees change at times and that you will be notified in advance should there be a fee change.

CLINICAL SERVICES DELIVERED BY PROVIDER			
SERVICE	TIME	COST	CPT CODE
Psychiatric Diagnostic Assessment	60-90 min	\$200	90791
Individual Therapy	53-60 min	\$160	90837
Individual Therapy	38-52 min	\$120	90834
Individual Therapy	16-37 min	\$80	90832
Family Therapy	26-50 min	\$135	90847
Family Therapy (patient not Present)	26-50 min	\$135	90846
EAP Clinical Services	NOT ACCEPTED	NOT ACCEPTED	NOT ACCEPTED
PSYCHOLOGICAL ASSESSMENT			
Psychological Testing/Scoring	First 30 min	\$80	96136
Psychological Testing/Scoring	Each add'tl 30 min (16 min minimum)	\$80	96137
Record Review Test Interpretation Report Writing Feedback Session	First 60 min	\$160	96130
Record Review Test Interpretation Report Writing Feedback Session	Each add'tl 60 min (31 min minimum)	\$160	96131
ADMINISTRATIVE SERVICES DELIVERED BY PROVIDER			
COURT TESTIMONY			

Preparation	11-60 min	\$320/hour (prorated by minute)	Not applicable
Attendance of Legal Proceeding	Portal to Portal	\$320/hour (prorated by minute) 3 hour minimum advance pay	Not applicable

## EMERGENCY RESOURCES

**Stark County** **Call 911 for emergencies.**

<b>Crisis Hotline/Mobile Response</b> 330-452-6000	<b>Crisis Text Line</b> Text 4hope to 741 741
<b>National Suicide Prevention Lifeline</b> 1-800-273-TALK (8255)	<b>Domestic Violence Help Line</b> 330-453-SAFE (7233)
<b>Akron Children’s Hospital</b> 177 W. Exchange St. Level 1 Akron, OH 44302 (330) 543-7472	<b>Aultman Hospital</b> 2600 6th St. SW Canton, OH 44710 (330) 363-6217
<b>Mercy Medical Center</b> 1320 Mercy Drive NW Canton, OH 44708	<b>Opiate Hotline</b> 330-454-HELP (4357)  For community information, education, support and connection to services anytime, day or night.
<b>Homeless Hotline</b> 330-452-4363	<b>Stark County Mental Health Resources</b> starkhelpcentral.com
<b>Trevor Project Lifeline for LGBTQ Youth</b> 866-488-7386 (Call anytime)	<b>Trans Lifeline</b> 877-565-8860 (Available 18 hours a day)
<b>Military &amp; Veterans Crisis Line</b> 1-800-273-8255	

<b>Mental Health Crisis Line</b> 330-434-9144  <b>Substance/Addiction Crisis Line</b> 330-996-7730	<b>Crisis Text Line</b> Text 4hope to 741 741
<b>National Suicide Prevention Lifeline</b> 1-800-273-TALK (8255)	<b>Domestic Violence Help Line</b> 888-395-4357
<b>Akron Children's Hospital</b> 177 W. Exchange St. Level 1 Akron, OH 44302 (330) 543-7472	<b>Akron General Hospital</b> 1 Akron General Ave. Akron, OH 44307 (330) 344-6000
<b>Summa Health System - Akron Campus</b> 141 N. Forge St. Akron, OH 44304 (330) 375-3000	<b>Homeless Hotline</b> 330-376-6660
<b>Summit County Mental Health Resources</b> admboard.org/mental-health-resources.aspx	<b>Trevor Project Lifeline for LGBTQ Youth</b> 866-488-7386 (Call anytime)
<b>Trans Lifeline</b> 877-565-8860 (Available 18 hours a day)	<b>Military &amp; Veterans Crisis Line</b> 1-800-273-8255

<b>Crisis Hotline</b> (330) 343-1811	<b>Crisis Text Line</b> Text 4hope to 741 741
<b>National Suicide Prevention Lifeline</b> 1-800-273-TALK (8255)	<b>Domestic Violence Help Line</b> (330) 364-1374
<b>Akron Children's Hospital</b> 177 W. Exchange St. Level 1 Akron, OH 44302 (330) 543-7472	<b>Cleveland Clinic - Union Hospital</b> 659 Boulevard Dover , Ohio 44622 (330) 343-3311
<b>Trinity Hospital Twin City</b> 819 N 1st St. Dennison, OH 44621 (740) 922-2800	<b>Mercy Medical Center</b> 1320 Mercy Drive NW Canton, OH 44708
<b>Aultman Hospital</b> 2600 6th St. SW Canton, OH 44710 (330) 363-6217	<b>Tuscarawas County Mental Health Resources</b> adamhtc.org  <b>Homeless Services</b> 330-602-6100
<b>Trevor Project Lifeline for LGBTQ Youth</b> 866-488-7386 (Call anytime)	<b>Trans Lifeline</b> 877-565-8860 (Available 18 hours a day)
<b>Military &amp; Veterans Crisis Line</b> 1-800-273-8255	