

Registration Information OFFICE POLICY

1. Your appointment time is reserved for you; I do not double book appointments. Therefore, I have to charge if you fail to show for that appointment or do not cancel twenty-four hours in advance. The charge is \$25.00 the first time, \$50.00 the second time and full charge thereafter. Late cancellations for emergencies can be discussed.
2. Please bring all paperwork including insurance authorizations to my attention at the beginning of your session. I may not be able to complete this work if given to me at the end of a session and the charge for paperwork outside of sessions is \$25.00 per 15 minutes. I prefer that all such work be done in your session so that you are fully aware and participate in what is written.
3. Sessions are 50 minutes long. Please help me monitor the time so that I do not keep you or another client waiting.
4. Your insurance company may require that you have your sessions authorized prior to being seen for the first time. You will need to check for and obtain initial authorizations and then help me track the number of sessions allowed or you may be responsible for payment.
5. If you need to have a report written by me for any purpose a charge of \$100.00 per hour, pro-rated to the time your report takes, will be charged and is not reimbursable by insurance. This fee must be paid before the report can be released to you or to any other party.
6. I have a twenty-four hour message service. If you leave a message for me, I am notified shortly of your call. If you are in an emergency situation and do not hear from me immediately then you must call the 24 hour crisis hotline at 281-2273, your primary care physician, your insurance company, or go to the emergency room so that you are safe and can receive the care you need.
7. Termination of treatment: if you miss three scheduled appointments in a row or are not seen for more than three months, then you will no longer be considered an “active” client in my practice. For legal purposes this policy must be defined. If you wish to return for treatment, simply call me and your case will become active again at the time of your first appointment. Please remember to check your insurance authorization needs prior to your first appointment.
8. Please inform me immediately of any change in insurance coverage, personal address or phone numbers as well as employment changes. Failure to update information regarding insurance coverage could result in your sessions not being reimbursed by your insurance company and you would be responsible for the charges.
9. Please make your co-payment by cash or check at each session. There is a \$25.00 charge for any returned checks.
10. Phone calls are welcome but those lasting over 10 minutes may be charged for at a rate of \$20.00 per quarter hour (15 minutes). Please be aware that your insurance may not pay for phone therapy.
11. If after termination of therapy, you have a balance due and have not begun paying on it within 30 days, the account will be charged a service fee of 2% of the balance per month. If regular payment is not occurring, your account may be turned over to collection.

CLIENT RIGHTS

- Clients have the right to be treated with dignity and respect.
- Clients have the right to impartial services and access to treatment, regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
- Clients will be assured that all information is kept confidential.
- Information will not be released without their prior consent, except in an emergency, or as required by law.
- Clients have the right to be provided with a complete, easily understood explanation of their condition and treatment.
- Clients have the right to be informed of all treatment options regardless of the cost of benefit coverage.
- Clients have the right to receive information about services and their role in the treatment process.
- Clients have the right to receive information on availability of providers and the clinical guidelines used in providing and/or managing their care.
- Clients have the right to provide input on policies, services and their rights and responsibilities offered by their insurance company(s).
- Clients will be informed of the complaint, grievance and appeal processes should a dispute arise over treatment and/or claims.

- Clients will be afforded all of his/her rights and privileges guaranteed by state and federal laws.
- Clients have the right to be informed of their rights and responsibilities in the treatment process.
- Clients have the right to participate with providers in decision-making regarding their treatment planning.

Limitation in rights:

The main limitation is in the area of confidentiality. In the following situations, confidentiality does not apply:

(1) An order by the Court, (2) in the case of suspected child, elder or domestic abuse, and (3) for you own welfare (suicide) or that of others (homicide) in serious and imminent life-threatening situations.

THE PROCESS OF COUNSELING/THERAPY:

1. Possible benefits derived from therapy include: A). Better ways to deal with social, familial and occupational relationships. B). Better personal adjustment and contentment. C). Better ability to cope with problems and stress, and D). Better productivity.

2. It is important to note that professional ethic do not permit a guarantee that you will receive these benefits. It is believed that a better life is possible for most people and that an individual’s investment and commitment in therapy can determine the outcome.

3. Therapy may also involve some feelings of discomfort. These feelings can occur when you begin to work on changing your beliefs and/or behaviors. This discomfort is viewed as a stepping-stone to a more effective and satisfying life.

Insurance Disclosure & Consent:

For those clients using their insurance to pay for therapy, a consultation with your attending/primary care physician and your insurance company may be needed. In addition, disclosure of your diagnosis, review of your treatment sessions and a review of your treatment plan may be required to access your insurance benefits. You may chose not to authorize the release of this information, however this may prevent you from using your insurance benefits. *Your signature below indicates your willingness to disclose the needed information to your insurance company so that you may use these benefits.*

Responsibility for Payment:

I understand that I am responsible for all co-payments, deductible amounts which will be assessed according to and in compliancée with my insurance contract. However, if my insurance does not reimburse for services delivered, I understand that I am responsible for the session fee in addition to the co-pay and/or deductible.

I fully understand the above agreement and I freely agree to the above conditions:

Client Signature/Signature of Responsible Party

Date

Mike Lacinak, MSW, LISW
Licensed Independent Social Worker

The above conforms to the Counselor and Social Worker Board that regulates the practice of professional counseling and therapy and requires this information be given to clients.

State of Ohio Counselor & Social Work Board
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