



Welcome to LifeLine Counseling Center

We look forward to serving you! Please find attached your intake package. These forms must be completed and brought with you to your first appointment. Just follow the instructions below:

1. Print out the intake package.
2. Complete the Patient Information form (2 pages).
3. Complete the Authorization for Release of Information if you would like us to send your treatment plan to your primary care physician (1 page). Please read the instruction form printed out before completing the Release form.
4. Read and sign the Agreement for Services form (7 pages). This form outlines your legal rights to confidentiality and the policies and procedures of LifeLine Counseling Center.
5. We would like you to complete a rating form to better help us understand your situation. You will be given a unique Access Key Code by telephone shortly after your appointment time is confirmed. Go to www.entry-online.org, enter the website, input your Access Key Code — and then complete the rating form. Once this form is complete, it will automatically be returned to us. The rating form is encrypted and secure.

If you have any questions concerning the intake package or rating form, please contact Mandy at (440) 942-0100. Also, please explore our website for further information: www.lifelinecounseling.net.

We look forward to meeting you, and trust that we will be able to help!

Nancy Davidson Ph.D.
James Davidson Ph.D.
Kevin Davidson M.A. LPCC
Mandy Davidson A.A.



LIFELINE COUNSELING CENTER
 4212 State Rte 306 Ste 306
 Willoughby, OH 44094
 (440) 942-0100 www.lifelinecounseling.net

WELCOME! Thank you for trusting us with your Behavioral Health care. We pledge to do our best to provide you with the finest care available. Please do not hesitate to call us if you have any questions.

PATIENT INFORMATION

Date _____ Social Security# _____

Patient Name _____
LAST NAME

FIRST NAME MIDDLE NICKNAME

Address _____

City _____ State ____ Zip _____

Email _____
HOME PHONE CELL PHONE

Sex M F Age ____ Birthdate _____

Married Widowed Single Minor

Separated Divorced Partnered for ____ years

Occupation _____

Patient Employer/School _____
GRADE

Employer/School Address _____

Employer/School Phone (____) _____ ext _____

Spouse's Name _____

Birthdate _____ SS# _____

Spouse's Employer _____

Spouse's Occupation _____

Whom may we thank for referring you? _____

PARENTS—COMPLETE ONLY IF PATIENT IS A CHILD

FATHER'S/Guardian Name _____

Address (if different from Patient's) _____

Home Phone (____) _____ Work Phone (____) _____
(IF DIFFERENT FROM ABOVE) (IF DIFFERENT FROM ABOVE)

MOTHER'S/Guardian Name _____

Address (if different from Patient's) _____

Home Phone (____) _____ Work Phone (____) _____
(IF DIFFERENT FROM ABOVE) (IF DIFFERENT FROM ABOVE)

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____

INSURANCE

Who is responsible for this account? _____

Relationship to Patient _____ Birthdate _____

Insurance Co. _____ SS# _____

Group # _____

Is Patient covered by additional insurance? Yes No

Additional Insurance Subscriber's Name _____

Relationship to Patient _____ Birthdate _____

Insurance Co. _____ SS# _____

Group # _____

INSURANCE ASSIGNMENT AND RELEASE

I certify that I have insurance coverage with _____

NAME OF INSURANCE COMPANY(IES) _____

and assign directly to LifeLine Counseling Center all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. LifeLine Counseling Center may use my health care/Medicare/Medigap information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the last date of service.

SIGNATURE OF BENEFICIARY, GUARDIAN, OR PERSONAL REPRESENTATIVE _____ DATE _____

HEALTH CARE PROVIDER AND MEDICATIONS

Physician _____ Specialty _____

City/State/Phone _____

Physician _____ Specialty _____

City/State/Phone _____

Date of Last Physical Exam _____ Results _____

Are you under Doctor's care now? No Yes

Reason _____

List Medications and dosage you are currently taking: None

List allergies to medications or substances: None

List any hospitalizations (Hospital/Year/Reason): None

List any prior psychological/counseling care: None

PATIENT AND FAMILY MEDICAL HISTORY

Check symptoms you have or have had in the past. Please note that there is a separate column to check for family history.

PATIENT	FAMILY	SYMPTOMS OR HEALTH ISSUE	PATIENT	FAMILY	SYMPTOMS OR HEALTH ISSUE	PATIENT	FAMILY	SYMPTOMS OR HEALTH ISSUE
<input type="checkbox"/>	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	A.I.D.S/H.I.V.	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Muscle/Joint/Bone Pain
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse Victim
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Prostate Problem
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	<input type="checkbox"/>	Birth Defect	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse/Rape Victim
<input type="checkbox"/>	<input type="checkbox"/>	Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sleep irregularities
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Speech Problems
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Thoughts/Actions
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular/Rapid Heart Beat	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Problems
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Constipation/Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss
FOR CHILDREN.....			<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy Complications	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays
FOR MEN ONLY.....			<input type="checkbox"/>	<input type="checkbox"/>	Erection Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
FOR WOMEN ONLY.....			<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Between Periods	<input type="checkbox"/>	<input type="checkbox"/>	PMS
			<input type="checkbox"/>	<input type="checkbox"/>	Painful Intercourse	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Date of Last Menstrual Period _____ Date of Last Pap Smear _____

Are You Pregnant? Yes No

ADDITIONAL INFORMATION

If there are children in your family, please provide their names and ages: _____

If you are attending a church/synagogue, please indicate your church name and denomination: _____

If the patient is your child and you are divorce, please provide the name of your ex-spouse: _____ Divorced in _____

What is the visitation schedule? _____ How is the child-parent relationship with your ex? _____

What is the main reason for your appointment for counseling? _____

SIGNATURES

To the best of my knowledge, my intake information is complete and correct. I understand that it is my responsibility to inform my provider if I (or my minor child) have a change in health.

SIGNATURE OF PATIENT/PARENT/GUARDIAN/PERSONAL REPRESENTATIVE _____

DATE _____

PLEASE PRINT THE NAME ABOVE _____

RELATIONSHIP TO PATIENT _____

REVIEWED BY _____

DATE _____



Welcome to LifeLine Counseling Center

It is customary to coordinate your care with your Primary Care Physician or Psychiatrist for many counseling issues, and for that reason we request that you complete the Release Form. Although we recommend that you give us permission to coordinate care—you are not required to give permission. If you do not wish for us to coordinate care, we request that you check the box marked “Permission Refused” at the top of the form, and then sign the form.

The Release Form is complicated—if you find completing it confusing, just complete the parts that make sense to you, and we’ll help you finish the form in the office. To complete the form, do the following:

1. Patient Name: Write your name or your child’s name.
2. Date of Birth: Write DOB
3. Person/Entity: Write the name, address and phone of your Primary Care Physician or Psychiatrist.
4. Purpose of disclosure: Check both boxes—at the request of the patient AND continuity of care.
5. Information to be used—check off “intake information” and “treatment plans”.
6. Certification: Check the first box “the patient, and the identification...” if you are an adult, and the intake is for you. Check the second box “the patient’s authorized representative...” if you are a parent, and the intake is for your minor child.
7. If you are an adult and you are the patient, complete the date, and sign on the line “patient signature—12 or older”. If the patient is a child, and 12 or older, have your child sign on the “patient signature—12 or older” line, and then sign as the parent on the “parent/guardian line”. If your child is 11 or younger, simply sign on the “parent/guardian” line.

Completing the Primary Care Physician Release form may seem complicated, but your legal rights to confidentiality

LifeLine Counseling Center

[] PERMISSION REFUSED

4212 State Rte 306 Ste 306

Willoughby, OH 44094

(440) 942-0100 Fax (440) 942-0104

Authorization for Use or Release of Information to my Primary Care Physician

I hereby authorize LifeLine Counseling Center to use or release health information and records obtained during the course of treatment of: Patient Name: _____ Date of Birth: _____

The information is to be used or disclosed to my Primary Care Physician:

Person/Entity Name: _____
Address: _____
Phone: _____

The purpose of the use or disclosure is: [] At the request of the patient [] Continuity of care

Information to be used or disclosed includes only those items checked below with respect to services provided on or around (insert dates of service): _____. If this line is left blank, the treatment dates covered by this authorization are the date of intake to the last date of service.

I understand that this authorization extends to all or any part of the records/information designated below which may include treatment for behavioral health, alcohol/drug abuse, HIV/AIDS test results or diagnose. The information to be used or released includes:

- [] Intake information
- [] Progress notes
- [] Other:
- [] Treatment plans
- [] Billing/Financial records
- [] Psychological testing
- [] Collateral communication

This authorization is limited to only that information that I have requested above to be used or disclosed to the persons/facilities named herein. I hereby release LifeLine Counseling Center and its employees from all legal responsibilities or liability that may arise from the use or disclosure of medical records and other health information in reliance on this authorization.

LifeLine Counseling Center will not condition treatment, payment, or eligibility for benefits on whether this authorization is signed.

Expiration: I understand that unless I revoke this authorization earlier, this authorization will automatically expire 180 days, or according to the relevant state or federal law, from the date this authorization is signed.

Re-Disclosure: I understand that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be used or redisclosed by the receiving party.

Refusal to sign: I understand that I may refuse to sign this authorization and that LifeLine Counseling Center will not condition treatment on whether I sign this authorization.

Certification: I certify that I am (check whichever applies):

- [] The patient, and the identification that I have provided is true and correct.
- [] The patient's authorized representative, and that the identification and proof of authority that I have provided are true and correct. "My relationship to the patient is that of: _____".

Revocation: I have the right to stop the use or release of information at any time, although I understand that I cannot do anything about information already used or disclosed under this authorization.

Copy: I understand that I will receive a copy of this completed form upon request.

(Date) (Patient Signature – 12 or older) (Parent/Guardian) (Date)

(Date) (Staff Member/Witness) (Print Last Name)

I have received _____ as documentation that verifies the relationship with the patient and the authority to receive health information on behalf of the patient.

(Date) (Staff Member/Witness) (Print Last Name)

FOR THE RECIPIENT OF THE INFORMATION: If any of the requested records contain information regarding alcohol or drug abuse treatment, it is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the use or release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

LifeLine Counseling Center

CONSENT FOR TREATMENT AND AGREEMENT FOR COUNSELING SERVICES

Welcome to LifeLine Counseling Center. We look forward to providing you with professional counseling services. Although most patients simply want to get down to the business of resolving their problems and feeling better, we are obligated both ethically and legally to fully inform you of your rights, as well as our policies in working with people. To make sure that you are fully informed, we ask our new patients to complete all intake paperwork prior to their first appointment. This can take some time, and we appreciate your efforts in both learning your rights, and fully informing us of your behavioral health situation.

This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that LifeLine Counseling Center provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that LifeLine Counseling Center obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our first session. Your psychologist or counselor can discuss any questions you have about the procedures at that time. It is our policy to not see a patient unless all intake information and HIPAA documentation has been acknowledged as read by a patient in writing. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on LifeLine Counseling Center unless we have taken action in reliance on it; if there are obligations imposed on LifeLine Counseling Center by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred; or if there is some other business reason which allows us to rely on an applicable portion of this Agreement.

PSYCHOLOGICAL AND COUNSELING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist or counselor/mental health therapist and patient, and the particular problems you are experiencing. There are many different methods LifeLine Counseling Center may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your psychologist or counselor will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your psychologist or counselor. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, please feel free to discuss them

whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

Authorization for Treatment

I authorize LifeLine Counseling Center and my psychologist or counselor/mental health therapist to perform treatment procedures for the problems described on my treatment plan. I understand I will be kept informed of the reasons for the treatment/procedure(s), along with the expected benefits, risks, possible alternative methods of treatment, and possible consequences involved. The treatment/procedure(s) have been explained to me in detail and all my questions were fully answered. Understanding this, I authorize LifeLine Counseling Center and my psychologist or counselor to perform such treatments and psychological tests as, in his or her opinion, are necessary or advisable for me (OR my minor child _____). I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Scope of Treatment

The scope of ordinary treatment for behavioral health includes individual counseling, assessment as necessary, and maintenance of appropriate medical records including intake information, treatment plan and progress notes. You have a right to view and obtain a copy of your medical records as provided for in Federal and Ohio law and professional ethics.

Meetings

Your psychologist or counselor/mental health therapist normally conducts an initial evaluation that will last from 2 to 4 sessions. During this time, you and the psychologist or counselor/mental health therapist can both decide if your psychologist or counselor/mental health therapist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, your psychologist or counselor/mental health therapist will usually schedule one 45-minute session per week at a time mutually agreed upon.

Contacting Your Counselor

Due to our work schedule, the counseling staff is often not immediately available by telephone. When your psychologist or counselor/mental health therapist is unavailable, the telephone is answered by our office staff. Your psychologist or counselor/mental health therapist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your psychologist or counselor/mental health therapist of some times when you will be available. If you are unable to reach your psychologist or counselor/mental health therapist and feel that you can't wait for your psychologist or counselor/mental health therapist to return your call, please notify our office staff of the nature of the problem, and they may interrupt a session to inform your psychologist or counselor/mental health therapist. If you call after hours, our calls are forwarded to a professional staff member on call. If you reach voice mail and cannot wait for a return call, please contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If your psychologist or counselor/mental health therapist will be unavailable for an extended time, LifeLine Counseling Center will provide you with the name of a colleague to contact, if necessary.

Minor Children and Divorced, Unmarried or Separated Parents

When psychological treatment is provided to a minor child whose parents have been divorced, never married or separated; there may be an ethical and legal obligation by LifeLine Counseling Center to provide information concerning treatment of the minor child to both parents. In order to understand our role as treatment providers, we will require a copy of the divorce decree that establishes custody and allocation of parenting time. For purposes of this Agreement for services, the parent presenting the minor child for services is defined as the "presenting" parent, and the other parent as the "non-presenting" parent. The non-presenting parent is typically entitled to the same information as the presenting parent concerning the nature of treatment, treatment plan, time and date of appointments and any comments concerning treatment and treatment recommendation made by the treating psychologist to the custodial parent. Both parents should understand that they are not the client, only the child is, and therefore neither parent has the right to privilege or confidentiality with respect to information they provide in sessions, and that the other parent typically is entitled to any information they do provide. The non-presenting parent is not entitled to attend therapy appointments with the child unless appointments occur on their visitation day, or the presenting

parent consents to making an appointment on a non-visitation day. The non-presenting parent is responsible for any copays due when attending a therapy appointment that non-presenting parent has scheduled, unless both parents have made other arrangements in writing that are satisfactory to LifeLine Counseling Center.

In order to effectively provide treatment to your minor child, LifeLine Counseling Center may make therapy recommendations that would involve participation by the non-presenting parent in therapy. If made, the reasons for these therapy recommendations would be thoroughly discussed with you, and your input sought. If therapy recommendations to involve the non-presenting parent are declined by the presenting parent, then LifeLine Counseling Center may elect to terminate therapy and will refer you to another provider. In short – we must typically consider the viewpoints of both parents in planning and conducting treatment with your child.

Psychotherapy of your minor child is made solely for treatment purposes, and is NOT for legal or custody purposes unless we agree to provide treatment in accordance with a court ordered appointment to provide therapy. Unless therapy has been court ordered, in the event that LifeLine Counseling Center is required to testify in court concerning treatment of your minor child, we will decline to provide reports or discuss therapy with the attorneys of either party. We may file a motion with the court to quash any subpoenas that you or your attorney may file for testimony or records, and will charge you for our legal costs to do so. These steps may be taken to preserve our role as therapist with your child. If you initiate action to compel us to provide reports, discuss therapy with your attorney or in any other way involve us in legal actions, we will bill you for our time and any related legal expenses at the rate of \$200 per hour, and expect payment in full within 10 days of billing. If you initiate action to compel us, or in fact compel us by court order to be involved in legal proceedings, we also may move to terminate our role as therapist. In short – our role is that of therapist, not as forensic providers in serving your child.

By signing this Agreement for Services, I hereby understand and agree that the non-presenting parent may be informed that my child is entering treatment unless a court order or safety issues warrant non-disclosure, that the non-presenting parent may be involved in treatment planning and be informed of treatment as defined on this form, that I agree to follow therapy recommendations that may include the non-presenting parent, and understand that treatment is not for the purposes of legal or custody matters.

I further understand that the non-presenting parent may be requested to sign an Agreement for Services for my child, and that in the event that the non-presenting parent refuses to sign an Agreement for Services, that therapy for my child may be terminated at the discretion of LifeLine Counseling Center.

Patients Seen Under Court Order

When a patient is seen for counseling as the result of a court order, there are additional conditions and stipulations. First, I understand that LifeLine Counseling Center and its counselors will comply with all standing court orders when seeing a patient being ordered by the court to attend counseling. Second, I understand that LifeLine Counseling Center and its counselors will provide reports and information to the court concerning my counseling or my child's counseling as required by the court, and I hereby waive any and all rights to privilege and confidentiality for records, reports and conversations with the court and its personnel, a court appointed Guardian Ad Litem for my child, and/or agencies designated by the court requesting information concerning me such as Ohio Job and Family Services. I understand and agree that all reports and information imparted to the court or its designated parties on my behalf are considered extraordinary services, are not billable to insurance, and will be charged to me as an expense that will not be paid insurance. All reports and information imparted to the court or its designated parties shall be billed at the rate of \$150 per hour. You may be required to provide a retainer to cover the cost of extraordinary services. Third, I agree to attend or to have my child attend counseling sessions, at a minimum, at least twice a month unless otherwise ordered by the court. Fourth, I agree that, if ordered by the court, I will participate in additional psychological assessment involving myself or my child, including clinical, personality and educational assessment as necessary, and that I agree to participate in such assessment in a timely manner following the first appointment. Fifth, I agree to pay for court testimony or meetings with collateral individuals at the rate of \$200 per hour. I understand that I am responsible for payment for court testimony or meetings regardless of whether LifeLine Counseling Center staff is requested to appear or subpoenaed to appear in court by any party to

my case. Sixth, I understand that a referral may be made for medication for me or my child, and that I will be expected to comply with the any recommendations for medication by the consulting physician. Seventh, I understand that I have the right to refuse any aspect of my treatment or my child's treatment, but also understand that LifeLine Counseling Center may immediately terminate therapy with me or my child if any of the conditions and stipulations listed in this section are refused. Eighth, I also understand and agree that noncompliance with court orders will be reported to the court, Guardian Ad Litem, attorneys for the parties, and agencies designated by the court, and that such reports may involve revealing information divulged in counseling sessions. Finally, I understand that court-ordered therapy is typically not considered "medically necessary", and therefore it is LifeLine Counseling Center's policy to not bill insurance for such forensic services, nor to provide billing detail to a party to assist in billing insurance. Billing insurance for forensic services may constitute insurance fraud, and therefore it LifeLine Counseling Center's position that fees for court ordered services should be paid "out-of-pocket" by a client.

Counseling Different Individuals in a Family

There are many occasions when various people in a family are seen for counseling, either individually or conjointly. It is simple to maintain your rights to confidentiality when one person in a family is seen for individual therapy. However, when multiple family members are seen individually or together, it becomes more difficult to maintain confidentiality, typically because the focus of counseling is to resolve a mutual issue of all parties involved, such as parent-child, marital or family problems. The following policies are maintained to help safeguard the confidentiality of your treatment when multiple family members are in counseling, or seek counseling with us. First, if you are an existing patient seen individually, we will request your permission before agreeing to see another family member individually. Your status as a patient here will not be divulged to the party requesting services without your prior permission. If you do not grant permission for the family member to be seen, then we will refer that person elsewhere. Second, if you are being seen conjointly in counseling with other family members, and a family member declines to continue in counseling, then we will seek permission from the involved parties to continue counseling with the absence of the party declining to continue. If any of the parties refuses permission for counseling to continue, then we will refer all parties elsewhere for counseling.

EDUCATIONAL SERVICES

Anger management classes provided by LifeLine Counseling Center are educational in nature, and are not considered to be psychotherapy or counseling. You will not be provided with a diagnosis, treatment plan or treatment recommendations if you are participating in anger management classes. You will be provided with written materials describing educational objectives. Staff members providing educational services have been trained in teaching the class objectives, but may not be professionally licensed. Because anger management is a class, although confidentiality is encouraged within the class and its rules, there is no assurance of confidentiality.

Authorization for Educational Services

If I have enrolled in anger management classes, I authorize LifeLine Counseling Center and its staff to provide educational classes in anger management. The class objectives have been explained to me in detail and all my questions have been fully answered. Understanding this, I authorize LifeLine Counseling Center and my psychologist or counselor to provide anger management class training for me (OR my minor child _____). I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Scope of Educational Services

The scope of educational services is limited to providing classes and supporting curriculum. Anger management is not counseling or psychotherapy. The initial assessment conducted prior to anger management training is psychological in nature because of the use of psychological testing. The results of the initial assessment are considered protected health information, and the confidentiality of this information is protected by state and federal law as described elsewhere in this Agreement for Services.

PROFESSIONAL FEES AND BILLING

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. The fee for each 45-minute counseling session is \$110 or the contractual fee established with your insurance carrier. The fee for the first evaluation session is \$140. Your co-payment of _____ will be due at each session. By signing this agreement, you agree to pay the copay when services are rendered. We reserve the right to change our fees but we will let you know about a change prior to that new fee becoming applicable. You will then have the choice whether or not to continue under our new fee schedule or obtain referral information from us.

Payment for Treatment

By signing this agreement, you acknowledge that you understand and agree to the terms of payment described in this section. Payment in full for counseling services is due at each and every counseling session unless you have insurance coverage in effect with benefits assigned to LifeLine Counseling Center. If your insurance carrier provides coverage for services, you agree to pay a) the copay or b) the difference between your insurance coverage and the fee for each counseling session if your insurance company has not contracted with LifeLine Counseling Center for a specific fee schedule and/or copay. You understand that LifeLine Counseling Center will bill your insurance company for you as a courtesy, but that you are responsible for all fees if your insurance does not pay for whatever reason.

General Insurance Information

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available, and in all instances, insurance companies tell us on the telephone that they do not guarantee that the information that they provide to LifeLine Counseling Center is accurate or current. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow LifeLine Counseling Center to provide services to you once your benefits end. If this is the case, LifeLine Counseling Center will do its best to find another provider who will help you continue your psychotherapy.]

You should also be aware that your contract with your health insurance company requires that LifeLine Counseling Center provide it with information relevant to the services that are provided to you. Your psychologist or counselor is required to provide a clinical diagnosis. Sometimes your psychologist or counselor is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, LifeLine Counseling Center will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, LifeLine Counseling Center has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. LifeLine Counseling Center will provide you with a copy of any report it submits, if you request it. By signing this Agreement, you agree that LifeLine Counseling Center can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, your psychologist or counselor will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

Assignment of Benefits

In order for LifeLine Counseling Center to accept payment from your insurance carrier, it is necessary for you to sign an assignment of insurance benefits, a release of information to your carrier, and permission to sign claims forms on your behalf. The following statement

provides LifeLine Counseling Center with these provisions: "I, the undersigned, certify that I assign directly to LifeLine Counseling Center all insurance benefits, if any, otherwise payable to me for services rendered to me or for members of my immediate family. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize my psychologist or counselor and LifeLine Counseling Center to release the minimal information necessary to secure the payment of benefits.

Signature on File

I further expressly agree and acknowledge that my signature on this document shall be my "signature on file", and authorize my psychologist or counselor and LifeLine Counseling Center to submit claims for my benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents and that I will be bound by this signature as though the undersigned had personally signed the particular claim."

Services Not Covered by Insurance

Services exceeding treatment are typically not covered by your insurance. Examples of services not covered by insurance include written psychological reports, life insurance or disability reports, legal (i.e. forensic) evaluations and reports, custody evaluations, and most psychological testing. I understand that I am financially responsible for all charges whether or not paid by insurance and I agree to pay such charges.

Extraordinary Services

In addition to your counseling appointments, LifeLine Counseling Center charges for other professional services you may need. The following services exceed ordinary treatment, and may be provided upon request at additional expense

- a. preparation of special reports that go beyond provision of medical records, including life insurance and disability reports
- b. phone conferences that exceed five minutes
- c. site visits for work, family or school conference
- d. detailed psychological assessment
- e. a charge of \$5.00 will be made for the preparation and mailing of monthly statements for patients with outstanding balances due to non-payment of fees. Statements will be prepared without charge for patient with current accounts, and may be picked up at the office.
- f. Provision of medical records to third parties.

If you request services not covered by insurance, you hereby agree to pay in full for such extraordinary services within 10 days of billing. Payment for extraordinary services such as report preparation may be required in advance. Extraordinary services are currently billed at the rate of \$150/hour. We agree to provide an estimate of the time required to provide extraordinary services to you prior to rendering such services upon request. It is the policy of LifeLine Counseling Center to not release psychological reports unless full payment has been made.

Charge for Broken Appointments and Late Cancellations

I understand that LifeLine Counseling Center will charge a fee of \$35 for each broken appointment, or appointment not canceled with notice 24 hours in advance, that this fee is not billable to insurance, and will be due at the next appointment. When "double" appointment times (back-to-back) are scheduled, I understand that LifeLine Counseling Center will charge a fee of \$70 for each broken double appointment or appointments not canceled with 48 hours notice in advance, that this fee is not billable to insurance, and will be due at the next appointment. The fee for "double appointments will be charged regardless of the reason for cancellation. Consideration, at the sole discretion of your psychologist or counselor/mental health therapist, will be given for illness or bad weather for "single" late appointment cancellations. Your appointment time reserves a significant amount of professional time that is ultimately wasted if another patient cannot be scheduled. Most people require a day or two of advance notice to fill an appointment cancelled with short notice, and reasonable efforts will be made to fill an appointment time cancelled with short notice, in which case you will not be charged. I understand that repeated broken appointments or late cancellations may lead to termination from counseling by LifeLine Counseling Center.

Unpaid Balances and Collection. I understand that LifeLine Counseling Center reserves the right to collect any unpaid balance due the Center. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, LifeLine Counseling Center has the option of using legal means to secure the payment. LifeLine Counseling Center may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collection action may become a part of your credit record. This may involve hiring a collection agency or going through small claims court which will require LifeLine Counseling Center to disclose otherwise confidential information. In most collection situations, the only information that is released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

If an account is due for 60 days, it may be sent for collection. The responsible party shall pay all reasonable costs of collecting the bill, such as reasonable collection agency charges which are 50% of the bill, reasonable attorney's fees, and court costs. The 50% collection agency charge shall be added to the bill and shall become part of the financial responsibility at the time the account is sent to the collection agency. In the event that legal action is instituted to collect fees and charges, the responsible party shall pay all additional reasonable costs and fees resulting from the suit, such as reasonable collection agency charges which are 50% of the bill, reasonable attorney's fees, and court costs. Any such suit shall be filed and the matter shall be properly heard in Lake County, Ohio.

Forensic Consultation This agreement for services is for counseling or psychotherapy. We do not provide forensic services to our therapy patients due to legal and ethical reasons. We do provide forensic services to individuals that are not therapy patients. A different Agreement for Services is used for forensic clients.

Psychotherapy with you is solely for treatment purposes, and is NOT for legal or custody purposes. In the event that LifeLine Counseling Center is required to testify in court concerning treatment of you or your minor child, we will bill you for our time at the rate of \$200 per hour, and expect payment in full within 10 days of billing, regardless of who initiated the action which caused us to be involved. If you or we decide that it is in your or your child's best interests to resist testifying or becoming involved, you will be billed for amounts to accomplish that. This will cover the cost of action that is taken as a result of our involvement, which may include quashing a subpoena, preparing for and attending a deposition or providing testimony. In addition, you agree to cover any of our legal costs in connection with our involvement. If you initiate action to compel us to be involved in legal proceedings, we also may move to terminate our role as therapist. In short – our role is that of therapist, not as forensic providers in serving you.

Termination of Services I understand that LifeLine Counseling Center shall have the option to terminate counseling services in the event that my account is not kept current, defined as paid in full with no arrearage, and further agree to hold LifeLine Counseling Center, and its employees harmless if counseling services are terminated

CONFIDENTIALITY

Limits on Confidentiality The law protects the privacy of all communications between a patient and a psychologist or counselor/mental health therapist. In most situations, LifeLine Counseling Center can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

LifeLine Counseling Center may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, LifeLine Counseling Center makes every effort to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. If you don't object, LifeLine Counseling Center will not tell you about these consultations

unless your psychologist or counselor/mental health therapist feel that it is important. LifeLine Counseling Center will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).

You should be aware that LifeLine Counseling Center is a practice with various mental health professionals and that it employs administrative staff. In most cases, LifeLine Counseling Center needs to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

LifeLine Counseling Center also has contracts with electronic billing, data processing and collection services. As required by HIPAA, LifeLine Counseling Center has a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, LifeLine Counseling Center can provide you with the names of these organizations and/or a blank copy of this contract.

LifeLine Counseling Center also may use various methods to maintain the security of its facility, including video monitoring of public spaces and the playroom. In the event that video monitoring is used, no records are reviewed except to test the system, or in the event of a theft or break-in. Video monitoring of the playroom may be used for the benefit of a parent or staff observing their unattended child(ren) while a parent is being seen in a different room.

Sometimes it may be helpful for a third party to join a session. It will be made clear to that third party that they are not the client and will not be entitled to any confidentiality or privilege in terms of what they say during the session, only the client will control what is released or not released; however, if you are seeing a licensee of the Counselor, Social Worker & Marriage and Family Therapist Board, special rules may apply allowing access to the session notes in which the third party participates.

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where LifeLine Counseling Center is permitted or required to disclose information without either your consent or Authorization. Some examples that may apply are the following:

If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the psychologist-patient, counselor or other mental health therapist privilege law. LifeLine Counseling Center cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order the psychologist or counselor/mental health therapist to disclose information.

If a government agency is requesting the information for health oversight activities, LifeLine Counseling Center may be required to provide it for them.

If a patient files a complaint or lawsuit against your psychologist or counselor/mental health therapist, LifeLine Counseling Center may disclose relevant information regarding that patient in order to defend itself, the psychologist or counselor/mental health therapist, or its staff.

If a patient files a worker's compensation claim, the patient must execute a release so that LifeLine Counseling Center may release the information, records or reports relevant to the claim or the patient may not be entitled to receive benefits.

There are some situations in which LifeLine Counseling Center is legally obligated to take actions, which it believes are necessary to attempt to protect others from harm and it may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

If LifeLine Counseling Center or its staff knows or has reason to suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, the law requires that LifeLine Counseling Center or its staff file a report with the appropriate government agency, usually the Public Children Services Agency. Once such a report is filed, LifeLine Counseling Center or its staff may be required to provide additional information.

If LifeLine Counseling Center or its staff has reasonable cause to believe that an elderly adult is being abused, neglected, or exploited, or is in a condition, which is the result of abuse, neglect, or exploitation, the law requires that it report such belief to the county Department of Job and Family Services. Once such a report is filed, it may be required to provide additional information.

If LifeLine Counseling Center or its staff know or have reasonable cause to believe that a patient or client has been the victim of domestic violence, it must note that knowledge or belief and the basis for it in the patient's or client records.

If LifeLine Counseling Center or its staff believe that a patient presents a substantial risk of harm to him/herself or someone else and it believes that disclosure of certain information may serve to protect that individual, then it may disclose that information to appropriate public authorities, and/or the potential victim, and/or professional workers, and/or the family of the client.

If such a situation arises and LifeLine deems it appropriate, LifeLine Counseling Center will make every effort to fully discuss it with you before taking any action and LifeLine Counseling Center will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and LifeLine Counseling Center and its staff are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

Professional Records You should be aware that, pursuant to HIPAA, LifeLine Counseling Center may elect to keep Protected Health Information about you in two sets of professional records. In the event that two sets of professional records are maintained, one set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that LifeLine Counseling Center receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your Clinical Record if you request it in writing and the request is signed by you and dated not more than 60 days from the date it is submitted. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, LifeLine Counseling Center recommends that you initially review them in the presence of your psychologist or counselor, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, LifeLine Counseling Center is allowed to charge a copying fee of \$1 per page for the first ten pages, 50 cents per page for pages 11 through 50, and 20 cents per page for pages in excess of fifty, plus \$15 fee for records search, plus postage. The exceptions to this policy are contained in the attached Notice Form.

Important: In the event that more than one client is being seen in a session, each party will only be entitled to receive copies of notes identifying information on them, the remainder of the notes will be blacked out, i.e. the notes and information on the second client will not be available to the client requesting the records.

In addition, LifeLine Counseling Center psychologists and counselors also keep a set of Psychotherapy Notes. These Notes are for the use of your psychologist or counselor and are designed to assist them in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to your psychologist or counselor that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes.

Patient Rights HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that LifeLine Counseling Center amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and LifeLine Counseling Center privacy policies and procedures. Your psychologist or counselor will discuss any of these rights with you.

Minors and Parents Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records except as described in the next sentence. Children between 14 and 18 may independently consent to and receive up to 6 sessions of psychotherapy (provided within a 30-day period) and no information about those sessions can be disclosed to anyone without the child's agreement under most circumstances. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For children 14 and over, it is LifeLine Counseling Center policy to request an agreement between the patient and his/her parents allowing LifeLine Counseling Center to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. LifeLine Counseling Center will also provide parents with a brief summary of their child's treatment when it is complete upon written request. Any other communication will require the child's Authorization, unless LifeLine Counseling Center believes that the child is in danger or is a danger to someone else, in which case, LifeLine Counseling Center will notify the parents of its concern. Before giving parents any information, LifeLine Counseling Center will discuss the matter with the child, if possible, and do its best to handle any objections he/she may have. However, children should understand that their parents may revoke their agreements and that information may then have to be released to the parents.

UNDERSTANDING OF CONSENT AND AGREEMENT FOR SERVICES

I understand and agree to the foregoing Consent for Treatment and Agreement for Services, and acknowledge that I have been given the opportunity to have my questions answered concerning these policies. I agree that all agreements and contracts between me and LifeLine Counseling Center and its staff are in writing and that there are no oral agreements between myself and LifeLine Counseling Center and its staff. Any modification of the terms of this agreement must be in writing and signed by myself and my professional provider. This Consent and Agreement for Services is a contract for services. I have carefully read and have understood this contract. I agree that this is a legally binding contract. I agree that the provisions of this contract are reasonable, fair, equitable and candid. I agree to this contract without undue influence, duress, or coercion from any source. I knowingly, willingly, and without exception give my full

informed consent to, and agree to abide by and be bound by, each and every one of the provisions contained herein. Please feel free to review this document with your attorney since this is a legal document.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO BE BOUND BY ALL OF ITS TERMS. YOUR SIGNATURE BELOW ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

ADULT PATIENT SIGN HERE

Signed _____ Date _____
Adult Patient or person authorized to consent for patient

CHILD PATIENT SIGN HERE. Note: BOTH parents must consent for services (if there are two parents alive both parents have rights involving that child)

Name of Patient or Minor Child (if applicable)

Father of Minor Child

Mother of Minor Child

_____ Date _____
LifeLine Staff