



 **Positive Perspectives, Inc...**
Where Change is a Positive, Healing Experience

We are so pleased that you have chosen Positive Perspectives, Inc. to help you with the difficult issues you are now facing. We look forward to sharing your journey, and want to make you as comfortable as possible as you begin your work with us.

Attached you will find a packet of information that will help us facilitate your treatment. As you complete the packet, please feel free to leave blank any questions that are not clear to you or that you would prefer to answer verbally with your therapist. Be assured that the enclosed information is considered personal and confidential and will be held in the strictest confidence. Please bring all completed forms as well as your insurance card to your first appointment.

Please feel free to call us with any questions. Our staff is available by phone during normal business hours, and we have an answering service available after hours if you wish to leave a message.

_____,
your first appointment is scheduled on _____
with _____
at the _____ office location.

****Please remember to bring your paperwork (if you have downloaded it from our website or received it in the mail), your financial contribution, your insurance card and a picture ID.****

Positive Perspectives Counseling Centers

(888) 390-3800
347 Scioto St.
Urbana, Ohio 43078

(937) 390-3800
1130 Vester Ave., Suite C
Springfield, Ohio 45503

(888) 390-3800
680 E. Dayton-YellowSprings Rd.
Fairborn, Ohio 45324

Positive Perspectives, Inc.

THERAPIST-CLIENT SERVICES AGREEMENT

PROFESSIONAL SERVICES AND BUSINESS POLICIES

During your first few sessions, your therapist will be gathering information about your background and the problems and symptoms you are experiencing in order to evaluate your needs. By the end of this assessment period we may be able to give you some impression of what your work will include and what goals you will be attempting to accomplish during your therapy. Therapy is shaped by your personality, the training and characteristics of your therapist, and the particular problems you are experiencing. Unlike most visits to a doctor or medical specialist, therapy involves an active partnership between you and your therapist.

Therapy has been shown to have many benefits that may include improved relationships, solutions to specific problems and significant reductions in feelings of personal distress. However, it is quite natural that on occasion you might experience some feelings of discomfort during or after a therapy session due to problems you are working on. It is also possible that your problems could get worse. If this should happen, please talk with your therapist about it so that you can receive support and be reassured about any reactions you may be experiencing.

MEETINGS AND PROFESSIONAL FEES

Our therapists generally schedule one 45 or 50-minute session per week, and our current hourly fees range from \$95 to \$135. Some therapists routinely schedule clients every two weeks; feel free to discuss your preferences for contact with your therapist. Once an appointment hour is scheduled, you will be expected to pay a late cancellation or missed appointment fee of \$50 unless you provide 24 hours advance notice of cancellation. (If you were unable to attend due to circumstances beyond your control, you are welcome to speak with your therapist.) It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

In addition to weekly appointments, there may be a charge for other professional services you receive, including: report writing, telephone conversations, consulting with other professionals, preparation of records or treatment summaries, and legal proceedings that require our participation. Because of the difficulty of legal involvement, we charge \$125 per hour for preparation and attendance at any legal proceeding.

CONTACTING YOUR THERAPIST: (937) 390-3800 OR (888) 390-3800

As independent contractors, many of our therapists work for other organizations in addition to Positive Perspectives, Inc. and may be at various locations throughout the week. Your therapist will let you know how best to contact him or her. Due to the nature of our work, your therapist may not often be immediately available by telephone. However, our receptionist will be happy to take your message and convey it to your therapist as soon as possible. When the office is closed, our telephone is answered by an answering service for messages or should an emergency arise. If the service is unable to reach your therapist, please contact your physician or the nearest emergency room and ask for the mental health professional on call. If your therapist will be unavailable for an extended time, you may request that he or she provide you with the name of a colleague to contact, if necessary.

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, or going through small claims court, which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client is demographic information completely unrelated to the details of treatment, such as name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for you to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. We will bill your insurance company and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers and if pre-certification is needed. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis, and sometimes we are required to provide treatment plans or summaries, or copies of your entire clinical record **By signing this Agreement, you agree that your therapist can provide requested information to your carrier.** It is important to remember that you always have the right to pay for services yourself to avoid the problems described above (unless prohibited by contract).

When you sign the signature page for this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. However, under certain conditions we may be unable to act on the revocation: if we have taken action in reliance on it, if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied your financial obligations. You are welcome to a copy of this Agreement.

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