



Mindful Healing and
Behavioral Solutions LLC

The Road Home to Mental Well
Being

Sandra Bach LPC, NCC, CDCA II 614.204.2196
Mental Health Therapist sbach@MindfulHealingServices.com
36 Washington Square
Washington CH, OH 43160 www.MindfulHealingServices.com

COUNSELING AGREEMENT

PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING Mental Health Therapist Sandra Bach

CONFIDENTIALITY

Confidentiality means that Sandra Bach has a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, Sandra Bach is not required to inform you of his actions. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.

Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.

- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health

professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

Sandra Bach is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Sandra Bach, the information contained in your health record belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- inspect and obtain a copy of your health record
- amend your health record as provided by regulation
- obtain an accounting of disclosures of your health information as provided by law
- request communications of your health care information by alternative means or locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

THE BENEFITS OF COUNSELING

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with individual, marital, family, and other interpersonal relationships, and /or a greater understanding of personal goals and values.

THE RISKS OF COUNSELING

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Sandra Bach will do her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

COST OF THERAPY SERVICES:

The cost of service is \$90.00 per session.

PAYMENT OF FEES

All fees should be paid at the time the service is rendered. Cash, MasterCard, Visa.

Most insurance plans have an annual deductible, which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require the insured to call prior to the first visit and obtain authorization for a specified number of visits. If you fail to obtain this authorization prior to your initial psychotherapy session, you are responsible for payment.

INSURANCE CLAIMS

Please remember that you are responsible for payment of all fees whether or not your health insurance provides reimbursement.

CANCELLATIONS

Cancellations must be made twenty-four hours in advance to avoid charge. Missed appointments will be charged a fee of \$ 45.00.

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

I have read and accept this agreement and herewith consent to counseling/psychotherapy with Sandra Bach LPCC/LICDC/NCC

Client Signature or Legal Representative Date

Client Signature or Legal Representative Date

Sandra Bach LPCC/LICDC/NCC Date