

OFFICE POLICIES

FEES

Fees are based on the type of service provided and length of time.

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| Initial Session | \$185 |
| Office Visit 53 Min & Up | \$175 |
| Office Visit 38-52 Min | \$145 |
| Office Visit 16-37 Min | \$105 |
| Family Counseling | \$155 |

PHONE CONSULTATIONS

Telephone consultations lasting 10 minutes or longer will be billed in 15 minute intervals based on the per hour rate of the counselor charge. **As a rule, insurance will not cover this fee.**

PAYMENT FOR COURT TESTIMONY

If the clinician is required to testify for any reason in court pertaining to treatment, you will be responsible for paying the fee for the amount of time spent in court, giving depositions, other court related business and travel time to and from the setting at the usual and customary rate of your counselor's time. **As a rule, insurance does not cover this expense. You also agree that we may discuss the situation with our attorney.**

MEETINGS OUTSIDE THIS FACILITY

Any meetings that are requested outside of River Valley Counseling, LLC, i.e. school, Job and Family Services, other therapist's offices and home visits will be charged the usual and customary rate. **Insurance does not typically cover this cost.**

CORRESPONDENCE FEES

Correspondence to non-medical contacts and/or written reports which require considerable preparation that is not necessary for treatment (i.e. letters to attorneys, courts, parents, etc.) will be billed in 15 minute intervals based on the usual and customary rate. This will be your responsibility since insurance will not pay for this service.

CANCELLATIONS & MISSED APPOINTMENTS

All appointment cancellations require a 24-hour notice or in the case of illness, a message prior to 8:00 am on the appointment day. Our voicemail is available 24 hours/day to take messages after hours or on the weekends if you need to cancel an appointment. Adequate notification respects the doctor/therapist's time as well as allows availability to others requesting services. Failure to not show at all or less than 24-hour notice on cancellations will result in a \$35.00 charge which must be paid prior to scheduling another appointment. In addition, arriving late to appointments could also result in charges that would be equal to the time you kept your therapist waiting. Insurance will not be billed for this. Continued non-compliance in keeping your appointments can result in dismissal from the practice. * Note to Parents – if you are financially responsible for your child, it is your responsibility to make sure you know when your child's appointments are and it is your responsibility to pay this fee if the appointment is missed.

RETURNED CHECK FEE

If the bank for any reason returns a check, you will be billed an additional processing fee of \$25.00 in addition to the amount owed. No checks will be accepted in our office thereafter. Credit/debit cards and Cash only will be accepted.

INSURANCE CLAIM PROCESSING

The office will bill insurance and managed care companies for you on a routine basis. Co-pays are expected at each visit. For insurance plans, you are expected to pay your deductible (if not met) and/or any portion of the fee, which will not be covered by insurance. Please make at least a partial payment at each session. You will be responsible for contacting your insurance plan prior to starting services to learn whether you have mental health coverage, limits, deductibles, and to obtain necessary authorizations. If you do not wish us to send information to your insurance company, you must notify us of that choice and pay for each session in full at the time of the session.

OVERDUE ACCOUNTS

If more than ninety (90) days have lapsed since a charge has been incurred and no payment has been received on the account within the last 30 days, we reserve the right to turn the account over to a collection agency. If this happens neither you, nor anyone in your immediate family, will be able to schedule appointments here until the account is paid in full. If you are having financial difficulties, please contact the billing office to make arrangements. We will be glad to work with you. Continued non-compliance in keeping your account current can result in dismissal from the practice.

River Valley Counseling, LLC

Notice of Privacy Practices

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.

The terms of this Notice of Privacy Practices apply to River Valley Counseling LLC, located at 131 N. Ewing Street, Unit B, Lancaster, Ohio.

The members of this health care arrangement work and practice at the location listed above. All members will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices by submitting a request to the Privacy Officer of River Valley Counseling, LLC.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures For Treatment. We will make uses and disclosures of your health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you.

Uses and Disclosures For Payment. We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to our insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval.

We may also disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain portions of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Appointments and Services. We may contact you to provide appointment reminders and/or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or alternative locations. For instance, if you wish appointment reminders not to be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer.

Health Products and Services. We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that receive a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Confidentiality of Alcohol and Drug Abuse Patient Records. The confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by federal law and regulations. Generally, the facility may not say to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as an alcohol or drug abuser unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you at either our facility or against any person who works for the facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate or local authorities.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if in limited instances we suspect a serious threat to health or safety;
- We may release your health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain consent from you before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. Requests for access may be made verbally or in writing to our office and require an authorization for release of information signed by you or your legal representative. If you request a copy of the information, we will charge you as follows:

For the first ten pages: \$3.15 per page
For pages eleven through fifty: \$0.66 per page
For pages fifty-one and higher: \$0.27 per page

Chart reviews must be scheduled and will be charged at \$10.00

There is no charge for the copying and release of your health information when it is released to another health care provider for continuity of care.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reason for the amendment/correction request. If an amendment or correction to your request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Office Specialist at your physician's office.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Office Specialist at your physician's office. The first accounting in any 12-month period is free; you will be charged a fee of \$15.00 for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from the Medical Office Specialist at your physician's office. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, an agreed-to restriction to sending such termination notice to our office.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Office at River Valley Counseling, LLC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Office at River Valley Counseling, LLC. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.