

Client name: _____

Client D.O.B.: _____



OHIO FAMILY COUNSELING
AND CONSULTATION, LLC

Ohio Family Counseling and Consultation, LLC
550 Main Street
P.O. Box 1311
Coshocton, Oh 43812
740-291-373

PRACTICE POLICIES

Attendance Policy

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for a \$50 fee if cancellation is less than 24 hours. Cancellations and re-scheduled session will be subject to a \$50 charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Types of Missed appointments

No show = no call, no show, or call received after appointment start time

Late Cancel by Client = Cancelled less than 24 hours in advance

Late Cancel by therapist = Cancelled by therapist less than 24 hours in advance

After two (2) no shows by Client in a 3-month period

Your services will be discharged, and you will be referred to other area services providers. You will not be able to return to services with OFC&C for a period of one year with the exception of minor clients who have had a change in custody.

After four (4) late cancellation by Client in a 3-month period

Your case will be closed, and you will be referred to other area service providers. You will not be able to return to services with OFCC for a period of one year with the exception of minor clients who have had a change in custody.

After 90 days of no contact

Your case will be closed and may be re-opened at your request in the future.

APPOINTMENTS

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The standard meeting time for psychotherapy is 45 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 45-minute session needs to be discussed with the clinician or therapeutic support specialist in order for time to be scheduled in advance.

A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

TELEPHONE ACCESSIBILITY If you need to contact your clinician or therapeutic support specialist between sessions, please leave a message on his or her voice mail. They are often not immediately available; however, they will attempt to return your call within 48 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or visit any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet, and we can talk more about it.

ELECTRONIC COMMUNICATION We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

ELECTRONIC SERVICE DELIVERY According to Ohio Administrative Code, "Electronic service delivery" means counseling, social work or marriage and family therapy in any form offered, rendered, or supported by electronic or digitally-assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in-person face to face therapy.

If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:



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1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences.

When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

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MINORS If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

By signing below I am agreeing that I have read, understand, and agree to the items contained in this document.

Signature: _____

Relationship to Client: _____

Name: _____

Date: _____