SpringHaven
Counseling Center

Client Guide

Springhaven services information

Welcome to SpringHaven

We are pleased you have chosen SpringHaven for your counseling and/or medical needs and have developed this pamphlet to inform you of the therapeutic process and of your rights and responsibilities in the client/provider relationship. Please retain this information for your records.

Our Mission...

Compassionately leading people toward wholeness.

Our Vision...

To accomplish our mission by providing:

* An atmosphere of calm acceptance and natural beauty.
* Compassionate mental health counseling services.
* Mental health professionals and Board committed to:
    * Giving out of God's abundance in their own lives.
    * Their own personal, spiritual and professional growth.

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Informed Consent

SpringHaven, Inc. is a non-profit Christian counseling center. Counseling is provided by professionals licensed by State Boards in Ohio. Our professionals hold a minimum of a master's degree and offer counseling to individuals, groups, families and couples. All therapists who are not independently licensed are under supervision and he/she will be sharing information from your session with his/her supervisor to ensure you are receiving the best care possible. You may meet or speak with the supervisor if you so desire.

General benefits of counseling often include relief of symptoms, increased understanding and confidence, improvement in interpersonal relationships, decreased anxiety and general improvement in daily living. Possible risks associated with counseling include a temporary increase in stress due to the focus on problem areas and the possibility of dependence on the therapist.

Description of Therapy

Counseling is a relationship that is entered into by a trained therapist and a client, both of whom bring their areas of expertise. The professional is trained in theories and techniques that aid the client in the identification of issues/conditions and their improvement or resolution. The client brings the knowledge of their past and present experiences.

Some common problems that bring people for counseling include anxiety, depression, low self-esteem, marriage or family concerns, sexual abuse, school or work performance, or emotional trauma, etc.

Treatment often involves talking about the issues and feelings that are causing you difficulty. You may also benefit from learning relaxation techniques, identifying feelings, monitoring thoughts, improving communication skills, assertiveness training or role playing.

Sessions are usually scheduled once a week. A Clinical Hour is approximately 50 minutes face-to-face time with the client/family. The last 10 minutes of the Clinical Hour are used to make notes and to plan for your treatment. Sessions then may be extended to every other week or as your therapist recommends.

Phases of Treatment

1. The Assessment Phase– The first few sessions involve gathering pertinent information that will assist your professional in determining the nature of your difficulty and its treatment . Your first visit to the office will require paperwork that asks for information involving many aspects of your life. This is when you will tell your therapist what you hope to see happen as a result of counseling. Together you will determine your goals and develop a treatment plan.

2. The Treatment Phase– This phase can last from a few sessions to several months depending on the severity of your difficulties and on your goals. Treatment may include learning and practicing new coping skills, education, and interventions that help to change non productive or harmful patterns. Your professional may assign homework to be done between sessions. The benefits of homework includes increased learning and the opportunity to practice new skills in your everyday life.

3. The Closing Phase– This phase involves evaluation of treatment goals and the progress made in therapy. Together with your professional, you will determine when you are finished with therapy. Generally, once this is decided and therapy is finished, your file will be closed. If at anytime in the future you need additional help or a “booster session,” please call for an appointment.

Premature Closure

It is common for clients to get discouraged in the counseling process. Some underlying factors that contribute to this are: uncomfortable feelings, financial difficulties, counselor/client mismatch and poor initiative. Please discuss any obstacles you encounter with your professional. Not addressing these issues typically results in a premature "drop out" from therapy. Most people find it beneficial to remain in therapy until they have learned better ways of thinking, feeling and/or acting in the areas of their difficulties. Occasionally a therapist will elect to discontinue therapy. This usually happens when they feel no progress is being made or other factors are interfering with their ability to help you. If therapy ends prematurely, we will gladly make a referral for you.

Benefits and Risks of Therapy

Therapy is not something your professional "does to you." It is a cooperative effort involving participation from you and skill on the part of your professional. It may be painful or uncomfortable as you confront feelings or problematic patterns. Therapy may also be exciting as you discover growth and potential within yourself. It may change your relationships as you begin responding differently. You may encounter resistance to some of these changes.

Financial Information

If you have insurance, you should contact them to find out the following information before your first visit:

1. *"What is my deductible and have I met it yet?"*

Note: You are generally responsible to pay the full fee for services until your deductible is met.

2. *"Do I need pre-authorization for out-patient counseling?"*

Note: You could be denied payment by your insurance company if you are required to have pre-authorization and do not obtain it prior to treatment. Also, some companies will only authorize for certain clinicians or counseling centers and/or only authorize for a determined number of visits.

3. *"What percentage of the fee will your insurance pay and what percentage of the fee are you responsible to pay?"*

Note: Clients are expected to pay at least their portion of the fee at each and every session.

4. Who receives the reimbursement check?"

Note: If the insurance company sends the check directly to SpringHaven, you will (1) receive a credit if you "pay as you go", or (2) the payment will be added to your weekly co-payment. If you receive the insurance payments, you may (1) sign them over to us for their portion of the payment, or (2) be responsible for paying the full amount directly to us each session.

Financial Aid

SpringHaven provides a Church Partnership Plan. Please see the office for an application. This may or may not qualify you to receive a discount in services. Your direct involvement with the local participating church may be required. Strict confidentiality is maintained within the Church Partnership Plan.

SpringHaven may provide a sliding scale fee to those who qualify. Please contact the office for an application. Application does not guarantee fee reduction.

Rates

The rate for **Counseling Services** is $150.00 for the initial session and $130.00 for each session after that. There is a discount for self-pay clients who make cash or check payment at the time of service. If you have medical insurance, most policies will cover some percentage of services for outpatient counseling.

The rate for the **Medical Practice** is $180/hr billed in 15 minute increments of $45 so the rate is adjusted to time spent. We do not accept insurance for the Medical Practice.

The rate for the **Psychiatric/Mental Health Practice** is $295.00 for the initial visit. Follow up visit rates will vary depending on the type of session needed for each individual. A list of pricing is available at the front desk.

Please remember, you are ultimately responsible to pay any balance not covered by your insurance company. In the case of non-custodial parental financial arrangements, you will be responsible for payment at the time of services.

Cancellation

There are clients who must wait to receive counseling/medical appointments due to fully booked schedules. In the event that you must cancel an appointment, we ask you to give us **a 48 hour notice of your intention to cancel your counseling appointment.**

Failure to cancel with at least 48 hours notice is considered a "no-show". After a no show, all follow-up appointments will be cancelled. After a 2nd no show, a non-refundable prepayment must be made to schedule a session. We maintain 24-hour confidential voice mail. Please call **330-359-6100** in case an appointment must be cancelled.

Confidentiality

Everything you discuss with your therapist/provider will normally be held in strict confidence. However, you should be aware that there are some situations in which your professional may be required by law to report information to the proper authorities without your permission or knowledge. These situations include:

- If you indicate you are a danger to yourself or others.
- If you indicate you are a perpetrator or victim of child or elder abuse, or report knowledge thereof, we must notify the proper authorities.
- If you are a minor under age 18, we have to keep your parents or guardians informed of your progress, if they ask. We do not have to tell them details of our conversations.
- Under certain circumstances, a court may subpoena your clinical records. If you did not sign a release, this subpoena would be appealed or contested, but the outcome may ultimately require the release of records.
- If you request us to communicate information to another agency or individual, we must have your permission in writing.
- An insurance company or managed care organization may request a diagnosis and/or relevant clinical information and clerical assistants who process documents would also have access to clinical files as needed.
- If a therapist/provider is engaged in supervision, their supervisor will keep your information confidential.
- Due to Section 215 of the “Patriot Act”, we may be obligated to disclose your heath information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law we cannot reveal when we have disclosed such information to the government.

Client Rights and Responsibilities

Rights

SpringHaven, Inc. clients shall have the following rights:

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- The right to service in a secure setting, as defined in the treatment plan;
- The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor. Such persons will be made aware of the consequences of their decision and it will be documented in their record;
- The right to active and informed participation in the establishment, periodic review, and reassessment of the treatment plan;
- The right to freedom from unnecessary or excessive medication, restraint or seclusion;
- The right to change providers;
- The right to be informed of and refuse any unusual or hazardous treatment procedures;
- The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, video recorders, televisions, movies, or photographs;

- The right to consult with independent treatment specialists or legal counsel, at one's own expense;
- The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal guidelines, client or parent or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with applicable state and federal laws and commonly accepted clinical practice;
- The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted of that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restrictions. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed of practice policies and procedures for viewing or obtaining copies of personal records when requested;
- The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- The right to receive an explanation of the reasons for denial of service;

- The right to not be discriminated against in the provision of services on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability;
- The right to know the cost of service;
- The right to be fully informed of all rights;
- The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service and;
- The right to be informed about the role of students/ supervised practitioners and the right to refuse such care.

Responsibilities

Clients have responsibilities to their treatment, including:

- To become informed about their insurance plan including benefits available
- To become knowledgeable of the system to access needed care;
- To keep all scheduled appointments and to notify the therapist/provider when unable to keep a scheduled appointment;
- To be on time for all scheduled appointments;
- To be as active, open and honest as possible with your therapist/provider, and to work toward the goals you and the therapist have agreed on during the session and throughout the week;
- To treat all personnel with courtesy and respect;
- To provide complete health status information for accurate diagnosis and appropriate treatment;

- To notify your therapist/provider when you receive emergency psychiatric or medical care, within twenty-four (24) hours, or as soon as possible;
- To provide prompt payment of fees.

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.

Uses and Disclosure

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your mental health, diagnosing conditions, and providing treatment. For example, results of tests and procedures will be available in your clinical record to all professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer. For example, your health plan may request and receive information on dates of service, the services provided, and the clinical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of SpringHaven, Inc. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we may be required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information:

Appointment Reminders. Your health information will be used by our staff to send or call you for appointment reminders. This may result in others from your household becoming aware that you have an appointment with our practice.

Information about Treatments. Your health information may be used to send you information about the treatment and management of your clinical condition that may interest you. We may also send you information describing other goods and service we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information

- The right to receive confidential communications concerning your clinical condition and treatment.
- The right to inspect and receive a copy of your protected health information. A fee may apply.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to contact the DHHS Secretary if you believe your privacy rights have been violated.
- The right to receive a printed copy of this notice.

Notice of Privacy Practice

SpringHaven, Inc.'s Duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Requests to Inspect Protected Health Information
As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a request form to access your records.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Medical and Psychiatric/Mental Health Practice

In March 2018, SpringHaven added medical consultations to our offering of services. These are performed by a family physician who is on staff and are intended to help with new or existing clients who are having physical symptoms that may be related to their mental health issue. A family physician is available to do a medical history and physical examination and order any lab tests/imaging studies that may be needed to help identify underlying physical causes to symptoms a client may have. Additionally, the physician is able to initiate a treatment plan for the medical issues identified. Typical intake appointments last 1 hour and follow up appointments are often shorter.

In order to maximize the effectiveness of your office visit, we recommend you bring all your current prescription medication bottles and supplements to your visit. Additionally, any previous records and testing results that you have should be brought for review as well. We may ask you to sign a release to get records that you do not have in your possession if it is thought it will benefit care.

Psychiatric/mental health services are provided by an advanced practice psychiatric nurse and include an initial evaluation and follow up visits. These are medication management sessions and the time length will vary depending on individual needs.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

SpringHaven
Office Manager
PO Box 265
Mt. Eaton, OH 44659

Notice of Privacy Practice

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

If you are not satisfied with SpringHaven's response to your Privacy Concerns, you may file a complaint with:

Region V Office for Civil Rights
US Dept. of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Effective Date
This Notice is effective on or after December 7, 2012

Emergency Contact

In the event of an emergency you should go to the nearest emergency room, call 911 or the
Crisis Center at:
877-264-9029 or 330-264-9029

SpringHaven
Counseling Center

Mailing Address:
PO Box 265
Mt. Eaton, OH 44659

Phone: 330.359.6100/330.927.2020
Fax: 330.597.9010
E-mail: info@springhaven.us