Transitional Life Counseling
1525 Xenia Ave
Yellow Springs, OH
45387

After your initial consultation with a technician, there is a brief list of tasks that need to be completed prior to your consultation with the provider. Your first appointment will include a session with one of our providers (this will be discussed prior to the appointment) and a series of assessments to help the provider get a better idea of what type of treatment each client will require.

Before your first appointment, we need the following:

- Signed HIPAA forms, Client Information forms, COVID release forms
- Successful log in to the Secure Patient Area
- Completed Biopsychosocial

To log into the Secure Patient Area/to fill out the biopsychosocial:

- Go to this link: https://tlc.securepatientarea.com/portal/access/login/
    - Login with your username and password.
        - If you do not know your username, it is most likely that it is the email address you received this email on (unless you have logged in before).
        - If you do not know your password you can reset it on that same page.
        - If you do not know either, you can call our office at 937.723.6624.
        - Fill out the biopsychosocial to the best of your ability.
    - Enter in credit card information after the biopsychosocial page.
        - There will be a $1 hold to verify the card is a valid payment method, but this charge will be refunded.
    - From here, you will be able to view your sessions and billing history as needed.

Please bring this packet with you for your initial appointment. ***If you do not have this completed packet, you will not be seen.***

Client Information: Fees and Private Pay for Therapy and Psych Testing

Fees

Please note that while some insurance companies may cover these fees, it is not guaranteed. It is the client's responsibility to call their insurance provider to verify what they will and will not cover. Testing and therapy requires preauthorization for most insurance companies.

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Initial Assessment	Neuropsychological Testing
$200	$150/hr (sessions range from 1-6 hours)

Psych Testing	Psychotherapy
$150/hr (sessions range from 1-4 hours)	$100-$150/hr

Payment Methods

When the client signs into the Secure Patient Area, they will be able to enter in the card they want billed. Any copays or private pay fees will be charged through this system.

We do accept Health Savings Account cards. Payment with HSA might be accepted, but it is important to note that this is at the discretion of the HSA administrator. The client will be provided with an itemized invoice at the end of the year, which can be submitted through their Health Savings Account.

Invoices

At the time of purchase, clients will be provided with a receipt with the total amount paid. If requested by clients with Health Savings Accounts,at the end of the year, the client will be provided with an itemized invoice that outlines the cost of each session.

By signing below, you are stating that you have read and understood this client information statement and you have had your questions answered to your satisfaction.

Print Name: _____

Signature: _____ Date: _____

PATIENT SAFETY CONFIDENTIALITY

Our Patient Safety Confidentiality form provides the client with information about their rights to privacy and our legal requirements to protect the client's health information.

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission. The protected health information relates to the contents of the client's past, present, and future physical or mental condition.

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Exceptions include:

- Suspected child abuse or dependent adult or elder abuse, for which we am required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, we must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, we will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, we will take further measures without their permission that are provided to us by law in order to ensure their safety.

By signing this, I understand that:

- I have reviewed the notice of confidentiality and understand that these circumstances are subject to change, if by legal requirement.
- My health information is protected, except in the circumstances indicated.
- I have the right to review the provider's Notice of Privacy Practices prior to signing this agreement.
- The provider may acquire my health information from other health care providers.

This consent was signed by: _____

(PRINT NAME)

Signature: _____ Date: _____

Relationship to Client: _____ Date: _____

Witness:_____ Date: _____

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

Decision to Meet Face-to-Face

This document serves as an agreement between the client and the provider to resume in person sessions. If a resurgence of the pandemic were to arise, we may require that we meet via telehealth. If the client has any concerns about in person sessions, even after signing this document, sessions may resume via telehealth so long as it is deemed appropriate by your provider.

Risks of Opting for In-Person Services

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You understand that by resuming in person sessions, you assume the risk of any exposure to the coronavirus.

Your Responsibility to Minimize Your Exposure

To continue in person sessions, you understand that it is your responsibility to take certain precautions in order to maintain a safe environment for both the providers and the clients. By initialing below, you agree to adhere to the following precautions and understand that by not adhering to these precautions will require us to move all sessions to telehealth. Please initial below, indicating your compliance with the following precautions:

	Initial Here
You will notify My Neu Mind if you present with any COVID symptoms.	
You will allow a MyNeu Mind associate to take your temperature and administer an assessment of COVID-19 symptoms upon your arrival to the center. If your temperature is 100 Degrees Fahrenheit or above, you agree to cancel your appointment.	
You will use hand sanitizer upon arrival into the building (we will provide this).	
You will wear a mask at all times while in the office (we will provide a mask if you do not have one). If you refuse to wear a mask, you understand that you will be asked to leave and your session will be cancelled.	
You will minimize your exposure to COVD-19 while outside of the office.	

Our office may make any necessary changes to these precautions if so indicated by local, state, or federal orders. We will notify you with any of these changes.

Our Commitment to Minimize Exposure

Our practice has taken necessary steps to reduce the risk of spreading the coronavirus within our office and from our providers. These steps have been outlined on our website and are available to clients at the office. Please inquire with an associate if you have any questions about these steps.

In the Case of Infection via the Provider or Client

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We are committed to keeping you, our team, and your family members safe. You understand that if you attend a session and we believe you have any symptoms of the virus, you will be asked to leave immediately. If deemed appropriate by the provider, any sessions will be moved to telehealth at this point.

If anyone in the My Neu Mind team test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

Your signature below shows that you agree to these terms and conditions.

_____ _____

Client Date

_____ _____

Witness Date