

Exceptional Minds Counseling, LLC
Melinda G. Bauer, MSW, LISW-S
9200 Montgomery Rd., Building H, Unit 25B
Cincinnati, Ohio 45242

** Please keep this copy for your records*

PROFESSIONAL DISCLOSURE
ACKNOWLEDGMENT OF INFORMED CONSENT TO TREATMENT
THERAPIST-PATIENT SERVICES AGREEMENT
OTHER PATIENT INFORMATION

WELCOME

Welcome to our office. This office unit consists of a group of independent, private clinicians who function autonomously within their own private practices. The following information and agreement is with me, Melinda G. Bauer, MSW, LISW-S of Exceptional Minds Counseling, LLC and independent of the other clinicians at this office. It contains important information about me, the services I offer, and policies and procedures of my practice. Please read it carefully and keep this copy for your records. We will go over this in our first appointment and you will have the opportunity to ask any questions you may have.

PROFESSIONAL DISCLOSURE STATEMENT

I am a licensed independent social worker with supervision designation with the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board. I graduated with my BSW in Social Work in 1990 and then my Master's Degree in Social Work in 1992 from the University of Cincinnati. I was independently licensed in 1995 and my license number is: I. 0007082. My graduate internships were with The Cincinnati Center for Developmental Disorders (a division of Children's Hospital), and Mental Health Services East in Cincinnati. I have over 30 years experience in mental health counseling. This experience has involved positions such as a crisis counselor, outpatient mental health therapist, school-based therapist, lead therapist at a child/adolescent day treatment center, group coordinator, case management supervisor, clinical supervisor, adjunct instructor for the graduate social work program at The University of Kentucky, teacher at The Super Saturday Program (for gifted children). I have worked in many treatment settings such as; community, school, hospital, agency, and home based settings. I am currently running my own private practice providing outpatient psychotherapy services for individuals, groups, and families of any age. I also provide trainings, workshops, and consultation services to agencies, schools, or other community groups on various topics. I have supervision designation with the State of Ohio Counselor, Social worker and Marriage and Family Therapist Board and periodically provide supervision to Master level Social Workers. In my professional career, my experience has been with multiple kinds of treatment issues such as; ADHD, Depression, Anxiety Disorders, Obsessive Compulsive Disorders, Autism Spectrum Disorder/Aspergers, Hoarding, Grief and Loss, Trauma/Abuse/PTSD, Gifted/Twice Exceptional, Play/Art/Sand Therapy, Women's Issues, LGBTQ and Group Work. I am committed to providing quality therapy services with respect, confidentiality, and strong ethics.

This information is required by the counselor, social worker, and marriage and family therapist board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state. Address: 50 West Broad Street Suite 1075, Columbus, Ohio, 43215

THERAPY SERVICES

Therapy is not easily described in general statements. It varies depending on personalities of the therapist and the patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about during our sessions and at home. Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you or your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs and diagnostic assessment. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

GROUP THERAPY: Group Therapy also can have benefits and risks. Similar to individual therapy, discussing personal issues may cause you to experience uncomfortable feelings such as sadness, anger, guilt, and frustration. Another added risk is confidentiality. It is my ethical responsibility to keep material confidential and I make every effort to enforce the importance of confidentiality among group members and set policies in place regarding the consequences of this. However, there is no way for me to fully guarantee what another group member does once they have left the session. You need to be aware of this so that you can make your own decisions regarding how much you disclose to the group. On the other hand, group therapy has also been shown to have many benefits. Group therapy has also been proven to be effective in helping people improve relationships, reduce feelings of distress, and find solutions to specific problems. Groups can be especially helpful due to having multiple viewpoints, more of an experience of belonging and commonality, more feedback, vicarious learning, and real-life skills practice in a safe supportive environment.

THE THERAPEUTIC RELATIONSHIP:

Your relationship with me is a professional and therapeutic one. In order to preserve this relationship, it is imperative that I not have any other type of relationship with you (This includes social media connections). Personal and /or business relationships undermine the effectiveness of the therapeutic relationship and can cause my professional judgment to be compromised. I make every effort to avoid conflicts of interest that can interfere with this relationship as well.

INITIAL INTAKE EVALUATION AND THERAPY SESSIONS

I normally conduct an intake evaluation that will take anywhere from 1 to 2 sessions . During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. After the intake, I usually schedule one 50 minute session per week at a time we agree on, although some sessions may be more or less frequent depending on the treatment plan. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for missed sessions.** I normally reserve our weekly, bi-monthly, or monthly appointment time for you, and it is often difficult to fill with new patients, when I know I am still holding that slot for you. If too many appointments are being missed (whether cancelled 24 hrs in advance or not) we will need to re-evaluate your commitment to treatment. Therapy is only beneficial if it is consistent.

CONTACTING ME

Due to my work schedule, I may not be immediately available by telephone. When I am unavailable, my telephone is answered by my confidential voice mail system. I am the only person with access to this voice mail; therefore you may leave confidential information. I monitor this voice mail through out the day, and will make every effort to return your call within that day. **You may also call or text my cell phone at 254-7648 if you need to reach me regarding an urgent matter. If I do not answer, please leave a message and I will be notified of your call. If it is an emergency, and you feel that cannot wait till my return call, please contact your family physician, call 911, or go to your nearest emergency room.**

PROFESSIONAL FEES

Intake Evaluation Sessions- 90 minutes/ \$200.00

Individual/Family Therapy Sessions- 50 minutes/ \$150.00. Your fee is to be paid at each session. Sliding fee scale is available for those who are eligible based on income/dependents.

In Home Therapy- 50 minutes/ \$150.00 (Travel time is applied at same rate)

Group Therapy (2 or more clients together) – Ranges from \$40-\$100 depending on length and type of group

Professional Consultation- 50 minutes/ \$150.00 (Travel time is applied at same rate)

Trainings and Workshops- Individually assessed based on preparation time and travel

Missed Appointments –24 hour notice is required if you need to miss your appointment, otherwise you will be charged your usual rate for this session.

Phone calls/Requested Treatment Summaries and Letters- Phone calls lasting more than 15 minutes, such as; crisis, consult with other professional or family member will be billed at a rate of \$150 per hour (or based on your sliding fee scale rate). If you request written documents such as treatment summaries or letters, the fee is \$40.00 per page.

Copies of Records- If you are requesting copies of records for yourself or to be sent to other professionals, you will be billed a copying fee of \$1.50 per page for the first ten pages, \$.75 per page for pages 11 through 50, and 40 cents per page for pages in excess of fifty, plus \$25 fee for records search, plus postage.

Participation in Legal Proceedings- Being a witness or expert in legal proceedings can have many risks to the therapeutic relationship. It is my policy to avoid being involved in legal proceedings if at all possible to protect the integrity and confidentiality of the therapist/client

relationship and to avoid dual roles. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

BILLING/PAYMENTS AND INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I am not in network with any insurance panels. PLEASE BE AWARE, if your insurance tells you I am a provider for them, they are giving you incorrect information. Unfortunately, some insurance companies have not done a good job at updating their computer systems. If you have out of network insurance benefits, you will still need to pay me the full amount at each session. I can then provide you with the necessary paperwork so that you can submit it for reimbursement. I do offer a sliding fee scale for those who qualify based on gross income and # of dependents. If you qualify, you will need to show proof of income. Your full fee is always due at the beginning of each session unless we have agreed on another arrangement. You may pay by cash, check, debit, or credit card via my client portal (Visa, Mastercard, Discover, or American Express). If your check bounces, you will be responsible for the additional fee the bank charged. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve collection services. ***If you are having financial problems, please do not delay in discussing this with me, so that we can avoid any of the above-mentioned problems. I am willing to discuss payment plans or other options that will be in your best interest in regards to balancing the need for treatment and your financial stability.***

INFORMATION FOR PARENTS WHO ARE DIVORCED OR SEPERATED.

If your child is under 18 years of age, I will need to have a copy of court documents or custody papers that prove you are the legal guardian. If there is a shared parenting or custody agreement I will also need a copy of this so that I have full understanding of what the legal agreement is about receiving mental health services. If both parents are involved in parenting the child, it usually is most beneficial for both parents to be involved in therapy in some capacity. Decisions will always be based upon what is in the best interest of the child. Billing statements will only be sent to one guardian. It is the responsibility of the guardians to work out how treatment is being paid. (For example: If parents are divorced and equally responsible for ½ of the bill, it is not my responsibility to make sure that both parents are paying.) The bill will be sent to the guardian who signed the treatment agreement and it is their responsibility to work out any problems with the other responsible party.

IN THE EVENT OF INCAPACITY OR DEATH

In the event that I, Melinda G. Bauer, become incapacitated or die, it will become necessary for another therapist to take possession of your file and records. By signing this informed consent to treatment form you are giving your consent to allow another licensed mental health professional selected by me to take possession of your file and records and provide you with copies upon request. The professional currently assigned to take possession is Carrie Mason-Sears, Ph.D. who practices at the same office location. I have the upmost confidence in Dr. Mason-Sears' ability to be ethical and responsible with these records.

*Exceptional Minds Counseling, LLC
Melinda G. Bauer, MSW, LISW-S
9200 Montgomery Rd., Building H, Unit 25B
Cincinnati, Ohio 45242*

SIGNATURE PAGE

Your signature below indicates that you acknowledge and agree to the following statements.

____ I HAVE RECEIVED THE THERAPY SERVICES AGREEMENT AND PROFESSIONAL DISCLOSURE STATEMENT FOR SERVICES RENDERED BY MELINDA G. BAUER, MSW, LISW-S AND HAVE BEEN PROVIDED THE OPPORTUNITY TO REVIEW IT. MY SIGNATURE BELOW ACKNOWLEDGES THAT I UNDERSTAND its CONTENTS AND AGREE TO THE TERMS IN THE AGREEMENT.

____ I GIVE MY CONSENT FOR MYSELF AND/OR MY MINOR CHILD TO RECEIVE PSYCHOTHERAPY SERVICES FROM MELINDA G. BAUER. I ACKNOWLEDGE THAT THE RISKS AND BENEFITS OF EACH PROPOSED TREATMENT, OTHER ALTERNATIVES, AND NO TREATMENT HAVE BEEN EXPLAINED TO ME. YOU UNDERSTAND THAT THIS CONSENT IS FOR THE DURATION OF TREATMENT, UNLESS YOU CHOOSE TO REVOKE THIS CONSENT AT ANYTIME IN WRITING WITH SIGNATURE AND DATE INCLUDED.

____ I HAVE RECEIVED AND DISCUSSED MY PAYMENT OPTIONS WITH MELINDA G. BAUER AND HAVE AGREED TO THE FEE OF \$_____ PER INDIVIDUAL/FAMILY SESSION AND/OR \$_____ PER GROUP SESSION.

____ I GIVE WRITTEN CONSENT FOR MELINDA GRADY BAUER TO CHARGE MY CREDIT CARD THROUGH MYCLIENTSPLUS/JITUZU (SECURE/HIPAA COMPLIANT CREDIT CARD MERCHANT SITE)

Patient Name (please print): _____

Patient/Guardian Signature: _____

Relation to Patient: _____ Date signed: _____

Signature of Partner or Other Family Member(s) (If applicable):

Date: _____

