

# Client Handbook

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*\* indicates a required field*

## Services Provided:

**Psychiatric Diagnostic Evaluations (Diagnostic Assessments)** are done for several reasons. Often, they are useful to guide us in the services we provide. They may also be requested by your physician, attorney, other professionals, or public agencies such as the court, Social Security, or Children's Services, etc., so that the other party can make an informed decision about you. All Clients must be evaluated prior to receiving other services offered at Schwartz Psychological Services, LLC. A complete psychosocial history, mental status examination, screening tools and psychological tests may be conducted as part of the assessment.

**Psychological Evaluations** are comprehensive assessments of all issues that are likely to affect the referral problem. Each report includes a complete psychosocial history, mental status examination, synthesis of collateral material (treatment records, school records, social summary, medical records etc.), test results interpretation (personality, achievement, and additional testing), explanation of the problem, diagnosis, recommendations and address specific referral questions. Referral sources will need to provide specific referral questions to be addressed in the evaluation as well as extensive information describing the issues relating to the referral questions.

**Individual Psychotherapy and Family Psychotherapy** services are designed to help you find solutions to the problems that brought you to treatment. Counseling may be provided in either individual or family settings depending on your needs and goals.

**Personal Growth Intake and Counseling** services are designed to help you find solutions in various areas of your life including times of growth and development, self-fulfillment, assistance during transitions, grief and loss, and stress management, etc. Personal Growth Counseling may be provided in either individual or family format to meet your needs and goals. Please note, this service is not covered by insurance and will require you to pay out of pocket.

**Employee Assistance Program** services are designed to help you find solutions in various areas of your life that are paid for by your or a family members' employer. Treatment may include growth and development, self-fulfillment, assistance during transitions, grief and loss, stress management, or mental health concerns. Please note, this service is covered by your employer as a benefit, however, if the EAP account manager does not approve additional sessions, then additional services may be billed to your health insurance.

## Appointments:

For treatment, we usually will want to see you at least every other week for 53 minutes each time. When you make an appointment, that time is set aside for you and no one else will use it. We make the best progress when we work together on a regular basis. If you are late, you may be seen only for the time remaining in that scheduled session. If you must cancel an appointment we require at

least 24 hours advanced notice. If you miss more than three appointments within a rolling year from your first appointment you may be discontinued from treatment.

For assessments the time will vary. You may be asked to come in to take paper and pencil tests or electronic screening tools without the clinician there. There will be time for you to meet with the clinician for an interview and further assessment. The clinician will review and evaluate the results and write a report if one has been requested by the referring agency or professional. If no written report is needed, the clinician will go over the test results with you at your next meeting.

### **Telehealth Sessions:**

Telehealth is the delivery of behavioral health services using interactive technologies (use of audio, video, or other electronic communications) between a clinician and a client who are not in the same physical location. When Telehealth services are conducted, the client must be located within the state of Ohio. During Telehealth sessions, we conduct your counseling session as we would a face-to-face office-based session. You will be asked a series of questions prior to beginning the session to ensure your safety. The session will take place utilizing telecommunication technology through Simple Practice. Simple Practice is a HIPAA secure service. The interactive technologies used in Telehealth incorporate network and software security protocols to protect the confidentiality or client information transmitted via electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. No video, audio, and/or photo recordings will occur during your session. Telehealth services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. If for some reason you are disconnected due to loss of connectivity you can contact your clinician via phone at 734-476-7747. Reasonable and appropriate efforts have been made to eliminate confidentiality risks associated with Telehealth sessions, and all existing confidentiality protections under federal and Ohio state law apply to information disclosed during these Telehealth sessions.

To ensure your privacy and confidentiality, please participate in the session in a private space that is free from distractions and other parties. Patients/clients will not admit AI notetaking or meeting assistant third-party applications. You may withhold or withdraw consent to the telehealth services at any time without affecting your right to future care, treatment, or risking the loss or withdrawal of program benefits to which you would otherwise be entitled. You will be advised of all the potential risks, consequences, and benefits of telehealth. Your clinician will discuss the information provided above with you. You will be given the opportunity to ask questions and receive answers about the information presented regarding telehealth services.

Telehealth services may be covered by your insurance. It is important to check with your insurance company to ensure coverage. Prior to being admitted to the telehealth session you must verify your identity and your insurance. You must pay your co-pay and balance prior to joining the session. If you do not verify this information, you may not be admitted into the call.

### **Fees:**

*Effective 6/1/26*

Fees vary according to the time involved and are subject to change; current fees will be posted in the reception/waiting area at each agency site. **You are expected to pay at the beginning of each**

**session all co-pays, co-insurance and deductibles. If you cannot pay your co-pays, co-insurance or deductible, you will be asked to reschedule.** We may use a credit card processor to process payment in which the processor may request you store your credit card information. If you have more than one insurance carrier, you are required to inform our billing department of all carriers to ensure coverage. If you do not inform our billing department, you may be liable for the entire cost of care. If you do not have a co-pay and do not pay at the time of the session, you will be billed at the full rate. Please discuss with our billing staff problems you may have meeting this requirement.

Psychiatric Diagnostic Evaluation — \$240/occurrence

Psychological Testing — \$160/Hr.

Individual Psychotherapy (16-37) — \$85

Individual Psychotherapy (38 -52) — \$120

Individual Psychotherapy (53+) — \$160

Psychological Evaluation — \$2,000

Court Appearances — \$160/Hr. Door to Door

Review of Case Related Records — \$130/Hr.

Case Related Correspondence — \$130/Hr.

Personal Growth Intake — \$240/occurrence

Personal Growth Counseling — \$160/Hr.

Family Psychotherapy — \$160/Hr.

If you become involved in legal proceedings that require agency participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if staff is called to testify by another party. You will be charged \$160 per hour for these activities. Insurance, Medicaid, and Medicare do not pay for these services.

### **Billing and Payments:**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment arrangements for other professional services will be agreed to when they are requested.

Schwartz Psychological Services, LLC utilizes a secure, third-party billing platform to manage administrative functions such as insurance claims submission, payment processing, and account management. This platform is compliant with applicable privacy and security standards, including the Health Insurance Portability and Accountability Act (HIPAA), to help safeguard your protected health information (PHI).

In order to provide these services, limited information necessary for billing and payment purposes may be shared with the billing platform. This may include your name, date of birth, contact information, insurance details, diagnosis codes, dates of service, and services rendered. Only the minimum necessary information is disclosed to complete these functions.

By engaging in services, you acknowledge and consent to the use of this third-party billing system for administrative and financial purposes. This consent includes authorization for the release of relevant information to your insurance company, when applicable, for claims processing and reimbursement.

The billing platform may include a secure client portal, which allows clients to view statements, make payments, and update personal or insurance information. Clients may also be required to maintain a valid payment method on file, which may be charged for copays, deductibles, or any outstanding balances in accordance with practice policies.

While every reasonable effort is made to protect your confidentiality, it is important to understand that the use of insurance and third-party billing services may involve disclosure of certain information that is not fully under the control of Schwartz Psychological Services, LLC. Clients are encouraged to contact their insurance provider directly with any questions regarding how their information is stored or used once submitted.

If you prefer to limit disclosure of your information, you may elect to pay for services out-of-pocket and decline the use of insurance billing. Please note that alternative payment arrangements may impact reimbursement eligibility.

If you have any questions about billing practices, privacy, or your options, please discuss them with your provider.

### **Contacting Your Provider:**

In order to provide quality services to clients during sessions, your treatment provider will not be available immediately by phone or email in most circumstances. If you need to communicate with your treatment provider at times other than your regularly scheduled appointment, you may call the office at which you receive services and leave a message (734)476-7747. We do not record therapy sessions or calls with your clinician. Your clinician will generally be available 9 AM to 5 PM on weekdays. When the clinician is not available to accept your phone calls, you may leave a voicemail and anticipate a returned call within 24 hours or on the next business day.

Text messaging may be used for limited communication with your clinician (e.g., scheduling or brief logistical matters); however, it is important to understand that texting is not a fully secure form of communication and may carry risks to confidentiality, including potential access by unauthorized individuals or storage by third-party service providers. Texting should not be used for clinical emergencies or for sharing sensitive therapeutic content. Potential benefits include convenience and timely coordination of care. By choosing to initiate or engage in text communication, you acknowledge and accept these risks and consent to this form of communication. You may request to discontinue text communication at any time by notifying your clinician, and alternative methods of communication will be used moving forward.

If you are unable to reach your provider and feel that you cannot wait for a return phone call, contact your primary care physician or contact the nearest emergency services agency:

- **Fairfield County Emergency Services** at (740) 687-TALK (687-8255)
- **Franklin County Emergency Services** at (614) 276- CARE (276-2273)
- **Licking County Emergency Services** at (740) 345-HELP (345-4357), 211 or (800) 544-1601
- **Delaware County Emergency Services** at (800) 684-2324 or 211
- **For national support, contact NAMI HelpLine** at 1-800-950-NAMI(6264) or 9-8-8

### **Professional Boundaries and Relationships:**

Your clinician will maintain professional boundaries with clients, ex-clients, client family members, and related parties. Your clinician will avoid having multiple relationships with clients including but not limited to familial relationships; social relationships; emotional relationships; and financial relationships. Your clinician will not engage in sexual activities or sexual contact with any client. Your clinician is discouraged from accepting gifts from clients.

Your clinician will not engage in personal virtual (social media driven) relationship with clients (current and past). Staff will not engage in personal relationships with clients and will not provide clients with personal telephone numbers or email addresses. Your clinician shall interact and communicate with clients, families, and legal guardians within a continuum of professional behavior, having boundaries and limits that support clients and others with dignity and respect.

### **Professional Records:**

The laws and standards of this profession require that we keep Protected Health Information (PHI) about you in your client record. The agency may maintain a working paper copy and an electronic record. The electronic version of your record is considered the main copy. Except in unusual circumstances that involve danger to yourself and/or others, or in cases where a third-party agency is considered the client, you may examine and/or receive a copy of your client record, if you request it in writing and the request is signed by you and dated not more than one year from the date it is submitted. You may request a copy of your record through completing a record request through the Client Portal. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your provider's presence or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying and scanning fee of \$1 per page for the first ten pages, 50 cents per page for pages 11 through 50, and 20 cents per page for pages more than fifty, plus a \$15 fee for processing fee, plus postage.

### **Accommodations:**

We take steps to ensure the accessibility, availability, appropriateness, and acceptability of services for patients/clients, family members, and significant others who are physically, cognitively, visually, auditorily, or otherwise impaired and for individuals who speak a language other than standard English as a primary means of communication, at no additional cost to the patient/client. If you

need special arrangements, please inform your clinician.

### **Emergencies:**

If an emergency occurs on the physical premises or during the delivery of a service, your clinician will call 911. Some staff are CPR and First Aid certified, if they are available, these staff members may assist with the emergency.

If a client elopes or wanders during the provision of services the emergency contact listed in the client record will be contacted to report that they have left the agency under these circumstances.

If shelter is required, your clinician will guide clients to an emergency shelter location. Generally, this will be a basement space or a designated first floor space away from windows.

### **Disruptive/Disrespectful/Destructive Behavior:**

Disruptive and/or disrespectful behavior of patients/clients, guardians, or visitors accompanying clients will not be tolerated and may result in being asked to leave or being removed from the premises of Schwartz Psychological Services, LLC.

Destructive behavior by clients, guardians, or visitors will not be tolerated. Schwartz Psychological Services, LLC may pursue legal action for any destruction or damage caused to agency property by clients, guardians, or visitors.

### **Service Animals:**

The owner of the service animal will be responsible for controlling the animal and will be held liable if there are any issues that occur on agency premises with the animal.

### **End of Services:**

#### ***Planned Treatment Episode Transition***

When a pause in treatment is planned, attempts will be made to help the client celebrate the progress that has been made and identify when they should consider returning to treatment.

Clinical staff/patients/clients may voluntarily pause care if:

- The client is not likely to improve and will not get worse if services are withdrawn.
- The client has not met or substantially met their treatment goals.
- The client no longer meets medical necessity requirements, or they reached their maximum medical benefit.
- Continuing ongoing treatment with the client would be damaging.
- The client decides they no longer want to continue care or do not return for care.

- When it becomes reasonably clear that the client no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- When there is no funding source available to pay for the client's services and the client is unable/unwilling to pay.

### ***Unplanned Treatment Episode Transition:***

In many cases, a client simply stops coming to treatment, may move from the area, or become incarcerated for an undefined period of time, resulting in a consideration for unplanned, yet voluntary paused treatment. When a client misses an appointment, the clinician will call to re-engage the client. If the client cannot be reached by phone, a re-engagement email or letter will be sent to the client's last known residence.

### ***Involuntary Termination:***

Clinical staff may involuntarily terminate a client:

- When the clinician is threatened or otherwise endangered the client or another person with whom the client has a relationship.
- When there is no funding source available to pay for the client's services.
- When the client meets the criteria for a voluntary termination, but the client is unwilling to terminate services voluntarily.

### **Confidentiality and Privacy Notice:**

The law protects the privacy of communication between a client and a mental health treatment provider. In most situations, staff can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and the Ohio Department of Mental Health and Addiction Services/Ohio Department of Behavioral Health (OBH). There are other situations that require only that you provide written, advanced consent. Your signature on this Acknowledgement and Authorization for Services provides consent for those activities, and how you can get access to this information, please review it carefully.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the agency has relied on that authorization, meaning this does not impact any information released prior to the revocation; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

***Consultations:*** Your clinician may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, agency staff make every effort to avoid revealing the identity of our patients/clients. The other professionals are also legally bound to keep

the information confidential. If you don't object, your clinician will not tell you about these consultations unless your clinician feels that it is important for your work together. Your clinician will note all consultations in your client record (which is called "PHI" in our Privacy Notice).

### **Uses and Disclosures with Neither Consent Nor Authorization:**

There are some situations where your clinician is permitted or required to disclose information without either your consent or authorization:

**Judicial or Administrative Court Proceedings:** If you are involved in a court proceeding and a request is made for information concerning your assessment, diagnosis, or treatment, such information is protected by the clinician-patient/client privilege law. Your clinician cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, or have engaged in criminal activity, you should consult with your attorney to determine whether a court would be likely to order the clinician to disclose information.

**Government Agency:** If a government agency is requesting information for health oversight activities and for special government functions such as military, national security, and presidential protective services your clinician may be required to provide it for them. If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

**Compliant or Lawsuit:** If a client files a complaint or lawsuit against the the clinician or Schwartz Psychological Services, LLC., we may disclose relevant information regarding that patient/client to defend ourselves.

**Worker's Compensation:** If a client files a worker's compensation claim, the client must execute a release so that Schwartz Psychological Services may release the information, records, or reports relevant to the claim.

**Evaluations:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and the clinicians/Schwartz Psychological Services, LLC., will not release this information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. A court may also order the release of your PHI, and we must comply with court orders.

**Work with Coroners, Medical Examiner, or Funeral Director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.

**Child Abuse:** If in a professional capacity your clinician know or suspect that a child under 18 years of age or an intellectually disabled, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, the law requires that your clinician immediately file a report with the appropriate government agency, usually the children services agency, developmental disabilities agency, and/or adult protective

services with jurisdiction. Once such a report is filed, your clinician may be required to provide additional information.

**Elder Abuse:** If your clinician has reasonable cause to believe that an elderly person is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the law requires that your clinician immediately report such belief to the county Department of Job and Family Services. Once such a report is filed, your clinician may be required to provide additional information.

**Domestic Violence:** If your clinician know or have reasonable cause to believe that a client has been the victim of domestic violence, your clinician must note that knowledge or belief and the basis for it in the client records.

**Serious Threat to Health or Safety:** If your clinician believes that you pose a clear and substantial risk of imminent serious harm to yourself, another person, or property, your clinician may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family to protect against such harm. If you communicate to your clinician an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your clinician believe you have the intent and ability to carry out the threat, then your clinician is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

**Developmental Disabilities Board:** If you are involved with the Developmental Disabilities board, we may be contractually required to report issues of potential abuse.

**Mandated Treatment:** If you are mandated for treatment, there may be limitations to confidentiality. You have the right to refuse services; if you do refuse it is recommended that the consequences, be discussed with your clinician and your mandated authority.

**Reckless Behavior:** If your clinician is made aware that you have been shot or have engaged in fire setting behavior, we must report this information to the local law enforcement agency.

**Animal Abuse:** If your clinician has knowledge or reasonable cause to suspect animal abuse or neglect, the law requires that your clinician report such belief to a law enforcement officer, humane society agent, or animal control professional.

**Criminal Offense:** If you report the commission of a criminal offense, the clinician may choose to share this information with the appropriate law enforcement agency.

**Emergency Situation:** In situations in which medical assistance, wandering, or elopement occur, we may be required to report this information to guardians and/or medical providers and law enforcement.

If we are required to disclose information for any of the above situations (with the exception of those prohibited by law), agency staff will make effort to discuss it with you before taking action

and agency staff will limit their disclosure to what is necessary.

### **Client Rights:**

While you are receiving services at Schwartz Psychological Services, LLC you have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment.
3. The right to receive services in the least restrictive, feasible environment defined in the treatment plan.
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the client's participation.
5. The right to give informed consent to refuse any service, treatment or therapy, including medication absent an emergency. A 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 client.
6. The right to active and informed participation in the development, review and revision of one's own individualized treatment plan and receive a copy of it. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect.
10. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms.
11. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.

12. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan will include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction. "Clear Treatment Reasons" will be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information will explain to the client and other persons authorized by the client the factual information about the individual client that necessitates restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Client will be informed in writing of agency policies and procedures for viewing or obtaining copies of records.
13. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
14. The right to be informed of the reason for denial of a service.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, inability to pay or in any manner prohibited by local, state or federal laws.
16. The right to know the cost of services.
17. The right to be verbally informed of all client rights, and to receive a written copy upon request.
18. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
19. The right to file a grievance.
20. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested.
21. The right to be informed of one's own condition.
22. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

### **Minors/ Parents/ Guardians:**

While privacy in mental health treatment is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For minors 14 and over, it is our policy to request an agreement between the patient/client and their parents allowing us to share general information about the progress of the child's treatment and their attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Before giving parents information, we will discuss the matter with the child, if possible,

and do our best to handle objections they may have. Patients/clients under 14 years of age who are not emancipated, and their parents should be aware that the law allows parents to examine their child's treatment unless otherwise prohibited by court order, statute, or rule. Minors between 14 and 18 may independently consent to and receive up to 6 sessions of psychotherapy (provided within a 30-day period) and no information about those sessions can be disclosed to anyone without the child's agreement; however, parents may be able to access their records if they discover that the child received services. Parents who have legal authority of their child have a right to inspect their minor children's files.

I hereby give consent to Schwartz Psychological Services, LLC., to provide mental health treatment services to my minor child, including the diagnosis and treatment of a gender related condition, including gender dysphoria. Such treatment may include individual counseling, crisis intervention, referral assistance or consultation depending on my minor child's particular needs or presenting concerns.

It is this agency's policy to attempt to engage both parental figures in their child's treatment unless parental rights have been terminated through court order. Additionally, both parents may have access to view and/or request copies of the child's treatment record. If parental rights have been terminated, it is the responsibility of the parent who is seeking treatment for the child to provide documentation reflecting termination of parental rights.

In some instances, parental rights have been revoked and another person or agency is given legal authority for a child. In other cases, an adult is assigned a guardian by the court when the adult is unable to make decisions for themselves. In all cases where guardianship has been assigned, the guardian must present court documentation clarifying this guardianship relationship prior to the provision of services. If guardianship changes during involvement with our agency, it is the responsibility of the guardian to notify our staff of this change by providing updated documentation by the court of this change.

**\* Today's Date**

**\* By signing below I confirm that I have read and reviewed the above Client Handbook and that I have addressed any questions with my clinician. Additionally, by signing I consent to statements made.**

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