Brooke N. Kuntz LISW-S Clinical Social Worker, Here and Now Counseling LLC
p: 614-547-2413 hereandnowcounselingcolumbus@gmail.com
1820 Northwest Blvd Columbus, Ohio 43212

Dear new client:

Welcome to my practice. I am a Licensed Social Worker in the state of Ohio and have been in the field of Social Work since 2013. I am committed to providing you with counseling that meets your expectations and helps you meet your goals that you have identified as most important. Please complete this packet of information and provide your insurance information so I am able to keep it on file. I accept self pay as well.

If you do not show for an appointment and do not call, you will owe me a $75 fee that will be charged to your credit card on file. Please call within a 24 hour time frame to cancel and reschedule or a late cancellation could also result in a $75 as well.

I am committed to being on time for your appointment, and hope that you will attempt to do the same. If you are 15 minutes late, there is no guarantee that I will be able to fit in a full session. Please call a head if you see this as a possibility.

Thank you for starting the counseling process with me. I look forward to serving you!

Respectfully,

Brooke N. Kuntz, LISW-S

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Informed Consent for Therapy Services

You are beginning a course of therapy that may be new to you. The following is information that may be helpful to you as you engage in this process.

Services offered: The licensure and credentials held by this therapist provides him the authorization under law to diagnose and treat mental and emotional disorders and substance related disorders under the supervision of a clinical supervisor. For psychiatry/ medication management services, community-based resources, specialty practices, or higher levels of care, the counselor can provide referrals with evidence of necessity for such services, and with the person's permission. The counselor is not responsible for the accuracy or quality of services rendered.

Cost of Services for private pay *(claims not filed under insurance)*: The cost of the sessions are as follows: $150 for the initial assessment session, $125 for an individual session, $150 for couples therapy, and $150 for assessment only requests. If you have out of network coverage under mental health with your insurance, it will be your responsibility to file the claims so that you can be reimbursed.

Cost of Services filed under insurance: Each insurance company will pay its own usual and customary rate. Rates of reimbursement will vary. It will be your responsibility to understand their insurance co-pay & deductibles prior to the appointment. Co-pay & deductibles are due at the time of service.

* It is important to note that the counselor does not fill out disability, FMLA or other paperwork related to worker's compensation. If you need the counselor to talk to your physician and collaborate on a report that he/she will be filling out please let him know.

** If you are going to need the counselor to communicate with the courts for a reason related to mental health/substance abuse assessment, a $50 charge will occur for documents including the assessment and recommendations to be prepared. Releases of information will be gathered for ethical purposes. This can't be billed to your insurance company, and will be required before the documents are prepared and sent.

**** Please note that all returned checks will be subject to a $25 fee, plus the amount of the check. Payment will need to be made at the time of the request in cash, check or credit card.*

Contact: The counselor may be reached by phone at 614-547-2413 If the counselor does not answer please leave your name, return phone number, and a message—the counselor will return your phone call within a 24-48 hour period of time. Text messaging will be permitted for scheduling purposes only. The counselor may also be reached by email at hereandnowcounselingcolumbus@gmail.com Emails will be answered within a 24-48 hour period of time.

Crisis: ***If in crisis, please go to the nearest emergency room or call/text 988 for the Suicide and Crisis Lifeline***

Confidentiality: Information disclosed in clinical sessions is confidential and may not be released to anyone without your written permission. The counselor; Brooke Kuntz, LISW-S adheres to professional, legal, and ethical guidelines established by state law. Legal and ethical exceptions to confidentiality include:

1. When there is a clear and present danger or harm to you or others.
2. When there is knowledge or suspicion of abuse or neglect of children or elderly persons.
3. When a court subpoenas clinical records.
4. When an individual cites his/her treatment/clinical record in a legal proceeding.
5. When doing therapy through Zoom, in a telehealth/remote service format, the client understands that confidentiality could be limited depending on where the client chooses to video conference. This therapist commits to being in her work therapy office in private, or, should the situation arise, in a private area of the therapist's home.
6. The client understands that regroup.com uses ZOOM, which is stated in the regroup research that it is HIPPA compliant and has a BAA.
7. The client understands that the notes that are written for documentation purposes of the session, and all the client's personal information is through the same protected website through therabill.com as it has been for face to face therapy, or, if initial written paperwork is double locked in the therapist's office by the NASW code of ethics; standards.

*It is important to note that during the course of family and systems mental health treatment, absolute confidentiality is not guaranteed nor mandated as "the family" is seen as the "client"; nevertheless, the counselor will take reasonable steps to ensure that confidentiality is kept between family members and caregivers to the best of their ability.

Missed appointments and cancellation policy: If you know you are going to have to cancel an appointment, contact this counselor at 614-547-2413 as soon as possible. If I do not answer, leave a message. Please let me know if you desire to reschedule your appointment; leave a message about dates and times that may work for you. I will return your call within a 24-48 hour period of time to schedule a new appointment time. ***If you do not show and do not call, you will be charged a $75.00 fee to your credit card on file.***

Your Rights: You have the right to competent and professional service. You have the right to be treated with respect and courtesy. You have a right to a therapeutic relationship without physical, sexual, verbal or other form of abuse or exploitation. You have the right to file a complaint. You have the right to review your clinical file and make a written request to have it released to a competent professional.

Your Responsibilities: At this level of care, individuals are expected to regularly meet and engage with the counselor during the diagnostic assessment, during the development of a treatment plan, and during the ongoing treatment of mental health needs. You are responsible to be an active, collaborative participant in your therapy process.**I have read the above information (Informed Consent for Therapy Services) and have had the opportunity to discuss any questions I might have. I request and voluntarily consent to**

clinical services rendered by Brooke Kuntz, LISW-S. I understand that I may terminate clinical services and this consent at any time.

Client Signature _____ Date_____
Custody Holder Signature for Minor _____ Date_____

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

Explanation of forms: Your counselor, Brooke Kuntz, LISW-S, medical and clinical information about you, and law regulates how that information is handled. To comply with the law, Brooke Kuntz LISW asks you to receive this notice and sign an authorization form.

Brooke Kuntz is allowed by law to use and disclose information about you for the purposes essential to providing care (ie. treatment, payment collection) with your written consent.

An authorization allows Brooke Kuntz to not use and disclose information about you for any other reason than is listed in the authorization. Brooke Kuntz may not refuse to treat you for refusing to sign the authorization. Other rules about your rights regarding medical information are described in this notice.

Types of Uses and Disclosures: Medical information about you may be used or disclosed by the counselor to help facilitate treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Some examples of disclosures and use are below. This information would only be released with the client's written permission.

- *Example of Treatment Disclosure:* Brooke Kuntz may disclose medical information about you to your treating physician, a hospital or other providers to help them diagnose and treat an illness or injury.
- *Example of payment Disclosure:* Brooke Kuntz may disclose medical information about you when health plans or insurers, or other payers require information before paying for your health care services.

Other Uses and Disclosures: your counselor may use or disclose your protected health information in the following situations ***without*** your authorization. These situations include:

- *As required by law:* Your counselor may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures.
- *Abuse or Neglect:* Your counselor may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, your counselor may disclose your protected health information if she believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- *Legal proceedings:* Your counselor may disclose protected health information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- *Law Enforcement:* Your counselor may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Brooke Kuntz Counseling, and (6) medical emergency (not on the premises of the office the counselor) and it is likely that a crime has occurred.
- *Inmates:* Your counselor may use or disclose your protected health information if you are an inmate of a correctional facility and your counselor created or received your protected health information in the course of providing care to you.
- *Criminal Activity:* Consistent with applicable federal and state laws, your counselor may disclose your protected health information, if she believes that use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of self, another person or the public. Information necessary to ensure your safety or the safety of others may be disclosed to law-enforcement officers, potential targets of violence or others as required by law. Your counselor may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- *Workers' Compensation:* Your protected health information may be disclosed by your counselor as authorized by the client to comply with worker compensation laws and other similar legally established programs.
- *Supervision:* Your protected health information may be disclosed by your counselor to a clinical supervisor, as your counselor is not independently licensed to provide diagnoses or therapeutic services without the consultation of a licensed independent social work supervisor (LISW-S)

With your written authorization your counselor may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

Restrictions- You have the right to request restrictions on the use and disclosure of medical information about you.

Confidentiality- You have the right to have Brooke Kuntz use only confidential means of communicating with you about clinical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential.

Access- You have the right to see and receive a copy of information about you kept by Brooke Kuntz, under most circumstances.

Amendment- You have the right to have Brooke Kuntz amend records of information about you. Your counselor may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you.

Copy- You have the right to receive a paper copy of this notice.

Privacy Notice- Brooke Kuntz is required by law to keep medical information about you private and to give you this notice. She must abide by this notice; however, your counselor reserves the right to amend this notice and make such change applicable to all clinical/medical information maintained by your counselor.

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Client Information

Name:_____

Age: _____

SSN:_____

Gender:_____

Date of Birth: _____

Street Address:_____

City:_____

State:_____

Zip Code: _____

Phone Number: _____

Email address:_____

Employer:_____

Street Address:_____

City:_____

State:_____

Zip Code: _____

Phone Number: _____

Emergency Contact Name:_____

Relationship:_____

Street Address:_____

City:_____

State:_____

Zip Code: _____

Phone Number: _____

Appointment Information Form

Name(s) Relationship to Client

_____
_____
_____
_____

I authorize the aforementioned individuals to (check all that apply)

___ schedule appointments

___cancel appointments

___change appointments

___inquire about appointment times/dates

___discuss/handle billing, insurance and payment issues

I understand that no information other than what is indicated above will be shared with the individuals indicated on this form.

Client Signature _____ Date_____

Custody Holder Signature for Minor _____ Date_____

Credit/Debit Card Policy

We are asking that you keep credit card information on file in the event of a no show or late cancellation. You may also elect to use this card for your session fee or copay.Please complete the information below. This will be kept in your locked file.

Credit/Debit Card Holder Name _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Client Signature _____ Date_____

Custody Holder Signature for Minor _____ Date_____

I authorize Brooke N. Kuntz, LISW to release/exchange treatment information with my family physician and health plan's utilization reviewers in order to facilitate my treatment

Client Signature _____ Date_____

Custody Holder Signature for Minor _____ Date_____

I understand that I am financially responsible for any balance or copay not covered by my insurance.

Client Signature _____ Date_____

Custody Holder Signature for Minor _____ Date_____

I authorize payment of benefits to the undersigned physician or supplier for services provided.

Client Insured's or Authorized Person's Signature_____

Date _____

Your signature below indicates your agreement to obtain treatment by Brooke N. Kuntz, LISW

Client Signature _____ Date_____

Custody Holder Signature for Minor _____ Date_____