Susan Jasbeck Steinberg, PhD, LLC
10597 Montgomery Rd., Suite 201
Cincinnati, Ohio 45242

Required HIPAA Document
Please sign last page.

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

WELCOME!

Welcome to my practice. This office suite consists of a group of independent, private clinicians who function autonomously within their own private practices. In addition to my in-person private practice, I also offer telehealth via video conferencing or phone calls. The following information and agreement is with me, Susan J. Steinberg, PhD, 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.

PROFESSIONAL DISCLOSURE STATEMENT

I have been a licensed psychologist in the State of Ohio since 1992. I graduated with my PhD in Clinical Psychology from Miami University in 1991. I have worked in inpatient and outpatient settings, with mildly impaired to severely impaired clients of all ages.

PSYCHOTHERAPY SERVICES

Psychotherapy varies depending on personalities of the therapist and the patient, and the particular concerns you are experiencing. There are several different methods I may use to deal with your concerns, including but not limited to cognitive-behavioral therapy and interpersonal therapy. ***Therapy requires 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 between sessions. Therapy can have benefits and risks. While discussing your concerns, you may feel distressing feelings such as sadness, loss, anger, shame, guilt, grief and regret. These are normal feelings which are often the starting point for better understanding of yourself and others, and are also a starting point for building upon your innate strengths and positive characteristics. Research shows therapy has many benefits. **Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.** We will discuss and try to better understand your strengths and capabilities to apply them to solving whatever problems you are identifying in your life at this time.

I truly enjoy my work and it is my privilege to talk with you about whatever is most pressing on your mind and in your heart. Our first few sessions will involve an evaluation of your needs and diagnostic assessment. When that is completed, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow which builds upon your strengths and positive personality characteristics to help you resolve your concerns. You should evaluate these ideas along with whether you feel comfortable working with me. If you have questions about my process, we should discuss them whenever they arise. If doubts persist, I will be happy to refer you for a meeting with another mental health professional for a second opinion.

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. Personal and /or business relationships undermine the effectiveness of the therapeutic relationship and can cause my professional judgment to be compromised.

INITIAL INTAKE EVALUATION AND THERAPY SESSIONS

I normally conduct an intake evaluation that will take anywhere from 2-4 sessions and will last approximately 55 minutes. 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. I will usually schedule one 55-minute session per week or every two weeks 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.** Also, therapy is most beneficial when it is consistent.

CONTACTING ME: 513-793-6226, ext.1

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by my confidential voicemail system. I am the only person with access to this voicemail; therefore you may leave confidential information. I monitor this voice mail throughout the day, and will make every effort to return your call within that day. **Please leave a message and I should be notified of your call. If you feel that you cannot wait till my return call, please call 911, or go to your nearest emergency room.** If I go out of town, or cannot be available for some other reason, I will also leave one of my colleague's name and phone number on my office voice mail.

PROFESSIONAL FEES- PAYMENT DUE BEFORE OR AT BEGINNING OF APPOINTMENT TIME

Intake Evaluation Sessions- 55 minutes $180.00.
Individual Sessions- 55 minutes $160.00.
Couples or Family Therapy- 55 minutes $160.00.

Professional Consultation and Trainings- $200.00 per hour. Depending on the type of training or request, the same rate will be applied to the time involved in preparing materials.
Missed Appointments **- $75.00 charge for missed appointment (24-hour notice required unless there is dire weather or severe illness). Please call as soon as you know you will miss an appointment.**
Requested Treatment Summaries and Letters- Crisis calls lasting more than 10 minutes which are at your request, or consultation with other professional or family member will be charged at the hourly rate of $160.00. The same rate will also be applied to ***time involved*** in preparing and writing requested treatment summaries, letters, or other requests.

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 per page, 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 $250 per hour for preparation and attendance at any legal proceeding, including travel time. An estimate of the full cost will be required to be paid in full before I engage in any legal proceeding. Typically, these costs are at least $2000, and are not refundable.***

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. If you have a health insurance policy, it will usually provide some coverage for mental health treatment.

If I am a contracted provider on your insurance plan, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. If you have insurance co-pay or need to meet your deductable, it is required that you pay this ***at each session***.

It is very important that you find out exactly what mental health services your insurance policy covers. This is your responsibility and calling your insurance company for complete information about your coverage is essential. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to refer you to another provider who will help you continue your psychotherapy. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself (unless prohibited by contract).

If I am NOT a provider for your insurance plan, you will need to pay for my services **in full** before or at the beginning of each session. *A credit card, debit card or Health Services Account can be used to pay on my website:* ***DrSusanJSteinberg.com****. Checks or cash payments are also accepted.*

For all clients:

Your full payment is due for each session at the time it is held, unless we agree otherwise, or unless I am a provider for your insurance coverage and it requires another arrangement. You may pay by cash, check, or credit cards. If your check bounces, you will be responsible for the additional fee the bank charged, and will need to pay for further sessions in cash. If your account

has not been paid for more than 90 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 SEPARATED.

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.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. Before giving parents any information we will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.

IN THE EVENT OF INCAPACITY OR DEATH

In the event that I, Susan J. Steinberg, PhD, LLC 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.

(Revised 10-29-21)

Susan Jasbeck Steinberg, PhD, LLC
10597 Montgomery Rd., Suite 201
Cincinnati, Ohio 45242
Phone: 513-793-6226, ext. 1

SIGNATURE PAGE

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

- I have received THE PROFESSIONAL DISCLOSURE: ACKNOWLEDGMENT OF INFORMED CONSENT TO TREATMENT THERAPIST-PATIENT SERVICES AGREEMENT and OTHER PATIENT INFORMATION 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 Susan J. Steinberg, PhD, LLC. I acknowledge that the risks and benefits of each proposed treatment, other alternatives, including having no treatment have been explained to me. I understand that this consent is for the duration of treatment, unless you choose to revoke this consent at any time in writing with signature and date included.

Name of Patient:_____

Patient(orParent/Guardian)Signature:

_____

Relation to Patient: (check one) ___Self ___Parent __Guardian

Date signed: _____

Signature of Partner/Other parent (If applicable):

_____ _____

Date Signed: _____

_____

(This is the signature page for my Practice Agreement revised 10-29-21)