

Bowden & Associates
Psychological and Counseling Services LLC
365 Riffel Road, Suite B
Wooster, Ohio 44691

Statement of Policies, Confidentiality and Fees

Please take a few moments to read over the **Statement of Policy**. This information will prove valuable in understanding the profession of psychology and your treatment.

Psychology is the study of the mind and how we act and feel. This includes a number of different aspects of one's life: the emotional, the physical, the social, the intellectual, and the spiritual. All of these are of equal importance in your well-being and will be explored in an effort to assist you.

All services are provided at the request of the patient. While we may recommend goals for therapy, those goals are at the discretion of the patient. All patients have the right to terminate their therapy at any time and to be aware of therapy treatment goals.

Your treatment may involve individual, family, or parent/child counseling, personality and intellectual assessment, as well as consultation with other healthcare professionals and psycho-education. We will formulate treatment goals together, as a team. Although research has found psychological treatment quite helpful, as with any aspect of healthcare, there is no guarantee as to the degree of successful change one will make.

CONFIDENTIALITY

All information shared with a psychologist or counselor, as well as the advice and interventions provided are, confidential in nature. This means this information may not be shared with any other person. In addition, the psychologist/counselor may not be compelled to testify to any of this information except under specific circumstances. These circumstances are as follows:

1. When the psychologist/counselor is aware or suspects ongoing or past child abuse (physical or sexual) or neglect, a report must be made to Children Services or police informing them of the suspicion or reasons for such suspicion;
2. At the request of the patient or the patient's legal guardian, the psychologist/counselor will furnish reports or talk to others connected with the case;
3. In order to protect an individual from harming themselves or others, the psychologist/counselor will notify any authority necessary, such as the individual's family, professional workers involved in hospitalization or transport, and/or the potential victim;
4. Any suspicion of abuse (physical or sexual) or neglect to an individual over the age of 65 or adults who are physically/intellectually disabled must be reported to Adult Protective Care or the police;
5. Physical abuse between adults must be documented and, in some cases, reported;
6. Information regarding patients will be exchanged with physicians only with the patient's written permission;
7. The non-custodial divorced parent, in some cases, may legally have access to a minor child's psychotherapy records; and
8. As requested, insurance companies will be provided with any information necessary to obtain payment of professional fees.

FEES AND FINANCIAL RESPONSIBILITY

Attached is a copy of our fees for various services. You are responsible for contacting your insurance company if pre-authorization is needed. We will contact your insurance company only if they require direct contact with your psychologist/counselor to request additional sessions. If you have a co-pay, you are responsible for payment of this amount at each session. We will bill your insurance for the remainder of the fee.

Your insurance company will be billed regularly. Please monitor statements from the insurance company so you fully understand the coverage provided and your responsibilities. Report any concerns in a timely manner.

If you do not wish to use insurance, full payment is due at each session.

We strongly believe that patients work harder in therapy and make positive progress at a faster rate when they are actively paying for their therapy services. Therefore, regular payment on your account will be treated as a therapeutic issue and seen as part of your progress toward healthier growth.

All services will be billed under the name of **Bowden & Associates**. We reserve the right to collect any unpaid balance. If a client is not making regular monthly payments on the account balance, a collection agency may be used, which may include legal action (as authorized by state/federal law) to secure payment. The collection action will become a part of your credit record. Clients will be notified in writing before legal action is taken.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments/late cancellations. The charges shall be no less than ½ the fee. Such charges are **not** covered by insurance, but are the patient's responsibility. If you need to reschedule your appointment, please call as soon as possible so we may allow another patient to take your scheduled time.

Thank you for choosing Bowden & Associates as your mental health provider. We look forward to working with you in the process of change.

*Marianne Bowden, Ph.D.
Psychologist*

*Mary Ann Pap-Barbera MSSA, LISW-S
Licensed Independent Social Worker*

*Kristen McCort M Ed, LPCC
Licensed Professional Clinical Counselor*

*Heidi Buckingham-Summers M Ed, NCC, LPCC
Licensed Professional Clinical Counselor*

*Elizabeth R. Yutzy MSW, LISW
Licensed Independent Social Worker*

*Thomas Funk, MA Ed., LPCC-S, CSC
Licensed Professional Clinical Counselor*

*Jennifer Skrunk MA, LPCC-S
Licensed Professional Clinical Counselor*