

Marcie O'Neil, MSW, LISW

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POLICIES AND INFORMATION

This information sheet is designed to answer any questions that you have regarding session times, fees, billing, confidentiality, and contact between sessions. Please feel free to ask any questions after reading and signing this information sheet.

Costs:

- \$150.00 for the Initial Diagnostic Session
- \$130.00 for a One Hour Session
- \$100.00 for a 45 Minute Session
- \$60.00 for Half Sessions
- \$60.00 for Missed Appointments or Cancellations without 24 Hours Notice due prior to the next session
- Telehealth Services are provided at the above rates.
- Phone calls, reports or other extended services may incur additional charges
- All co-pays, are to be made at the time of the visit. Please make checks payable to Marcie O'Neil, MSW, LISW. Credit cards accepted

Time and Cancellations: Office hours are Monday through Thursday 9:00am to 6:00pm. Appointments can be scheduled with the office staff by calling 513-984-2333 or by scheduling with Marcie O'Neil, MSW, LISW-S. In the event that you need to cancel your appointment please call the office number. Though you can opt to have reminders sent by text or email, email and text cancellations are not applicable. Payments of fees for co-pays, missed sessions or cancellations prior to a 24-hour period are to be paid prior to the next session.

Types of Services: Marcie O'Neil, MSW, LISW-S is offering in person and telehealth services. Telehealth services have been added due to the COVID 19 virus. This was to insure continuity of care for person's living in Ohio to continue getting treatment during a difficult time. In order to receive telehealth services the client needs to be an Ohio resident and be in the state of Ohio at the time of the session. If the need arises everyone may be asked to continue with Telehealth for the safety of themselves, their families, staff and the community at large. A separate Information and consent form will need to be signed to start Telehealth treatment.

Insurance: It is your responsibility to contact your insurance company prior to your initial visit. If a preauthorization for treatment is needed, you will need to call your insurance company and inform them that you are requesting authorization for psychotherapy under Marcie O'Neil, MSW, LISW. We will file insurance claims on your behalf and will make inquiries about any claims. In cases where a problem cannot be resolved by the billing staff at Cincinnati Psychiatric Services you will be required to pay for the cost of your treatment. In order to assist with this process, please keep any paperwork that arrives at your home regarding your coverage and notify us of any policy changes. The adjusted fees from your insurance plan will be accepted. You will be

charged for any other co-pays, deductibles and services that are not covered by your insurance. Any questions regarding your bill may be directed to the office staff at 513-984-2333.

CONFIDENTIALITY: Professional and personal ethics require that a strict adherence to confidentiality be met. Information will not be given to any person, agency or healthcare professional without written request. Please sign the HIPAA form to state that you understand the HIPAA requirements. Your privacy is a primary concern and your comfort and confidentiality are valued. There are a few times when, by law, information must be shared in a timely manner:

- 1) If your records or court testimony are subpoenaed by a court of law,
- 2) When sufficient knowledge or suspicion that a child or person who can not care for themselves have been abused or neglected. In such cases, a report to Child Protection Services or other appropriate agency must be made. This is required by law.
- 3) A third party must be notified in the event that a threat of severe harm has been made against them. The police or other appropriate agency may also be contacted.
- 4) In the event that you are in imminent danger of harming yourself or killing yourself, a third party may be notified to provide for your safety.

CONTACT BETWEEN SESSIONS: Any messages may be left on with the office staff. Your calls will be returned between one and two business days. In case of emergency please call the emergency number at 513-535-6320. If you are in an emotional crisis and you or your family are concerned that you are in danger of harming or killing yourself or someone else, please call or go immediately to the nearest emergency room in your area for an evaluation. When I am out of town there will be another therapist or psychiatrist on call to assist you in case of an emergency

Statement of Consent:

I have read and understand the policies as outlined on this sheet. I consent to have a copy of my insurance card and demographic information given to our billing department for the purpose of billing my insurance claim. I also permit Marcie O'Neil, MSW, LISW and or her billing department to submit treatment plans or have dialogues with my insurance companies in order to gain authorizations or to obtain approval for future sessions. I consent to treatment by Marcie O'Neil, MSW, LISW-S If I have concerns with any aspects of treatment I will discuss these with my provider.

Patient

Date

Parent if signing for a child

Date

