Oasis Coaching and Counseling

The Place for Personal Growth, Healing and Change in Cincinnati
6013 Robison Rd., Cincinnati, OH 45213
lbfoasis@gmail.com www.oasiscoachingandcounseling.com 513.703.0020

Thank you for choosing Oasis Coaching and Counseling, the practice of Linda B. Fabe, M.Ed., Professional Clinical Counselor and Life Coach. Please complete the following information as completely as possible. (Please write legibly.)

Full Name:_____

Address: _____ Zip Code_____

Phone H: _____ W: _____ C: _____

SS # _____ Email Address _____

Date of Birth: _____ Employer or School _____

How did you learn about Oasis? _____

Emergency Contact: Name & Relationship _____ Phone # _____

Any current Medication(s): _____

Any current health issues of note: _____

INSURANCE INFORMATION (If applicable)

Name of Insured _____ Relationship to client _____
FIRST MI LAST

Date of Birth of Name of Insured _____

Insurance Company _____

Member ID# _____ Group # _____

Does the client have any additional insurance? No ___ Yes ___ If Yes, please complete:

Name of Insured _____ Relationship to client _____
FIRST MI LAST

_____
STREET/APT CITY STATE ZIP CODE

SS# _____ Name of Employer _____

Insurance Company _____

Member ID# _____ Group # _____

If you have two insurance carriers benefits will need to be coordinated.

Oasis
CONSULTING, LLC

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OFFICE AND PAYMENT POLICIES
&
GENERAL INFORMATION YOU SHOULD KNOW

Welcome to Oasis Coaching and Counseling the private practice of Linda B. Fabe, M.Ed., Professional Clinical Counselor. Please review the following information regarding the process of counseling and your rights and responsibilities. If you have any questions, feel free to ask for clarification.

The Process of Psychotherapy and Your Responsibilities

The goals of counseling are individually developed. Participating in counseling can result in a number of benefits to you, including improved self-esteem, interpersonal communication and relationships, problem-solving ability and the resolution of the specific concerns that led you to seek counseling. Your range of concerns are all appropriate to bring to counseling including: emotional, relationship, career, spiritual, issues of loss and grief, change and transition and more.

Working towards these benefits requires commitment on your part. Counseling requires your active involvement, honesty, and openness in order to shift your thoughts, feelings or behavior. I will ask for your feedback and views on your counseling its progress, and other aspects of the counseling and request that you respond openly and honestly. While I will use my best efforts to assist you, the nature of counseling is that there can be no guarantee of results.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. By law, certain circumstances constitute exceptions to confidentiality: Situations where a client presents a potential danger to oneself or others, or is gravely disabled; suspected of child or elder abuse or neglect; and in instances where the court may subpoena records, the release of confidential materials is, or may be, required of your counselor. Ms. Fabe may, from time to time, consult with other therapists for professional development. Such professionals are required to follow the same rules of Confidentiality.

Voluntariness: Counseling is a voluntary process. It is your choice as to whether you wish to "try out" any suggestions that are proposed within your session, or as homework. Of course, you may decide to discontinue counseling at any time. I honor this decision and yet will request that you arrange a minimum of one termination session when you leave counseling to help both of us in achieving a clear closure to our work.

Audiotaping: Individual and group sessions may be audiotaped for professional development, or for supervisory consultation purposes. Any such recording can be of value to your therapist or group leader as a source of additional information that may prove helpful in aiding the client. Such tapes are not retained beyond the time it takes to review them and are treated with confidentiality. ____ (Initial)

Payment Policy

1. Fees: Psychotherapy is billed at $130.00 per 55 minute session; initial session is $150; groups are $40 per session; reports are billed at $130 per hour; phone calls over 10 minutes are billed on a prorated hourly basis. If a client wishes to extend a session past 60 minutes in order to complete a piece of work, the time will be prorated in 15 minute increments. This will be agreed upon ahead of that time. Sliding scale may be available.

2. Payment is due at the time of your visit for private pay clients, and insurance co-pays. I accept checks or cash. A service charge of $50 will be made on any "returned for insufficient funds" check to cover bank charges.

3. Individual appointments must be cancelled 24 hours in advance if you are unable to keep a scheduled appointment. In the event that you do not provide 24 hours advance notice, you will be charged $50 for your scheduled appointment. "Voice Mail" will note the time all messages are left.

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My signature hereon confirms my receipt of both the HIPPAA Privacy of Health Information Practices and the Office & Payment Policy of Linda B. Fabe, M.Ed., PCC. I further acknowledge that I understand and have received sufficient answers to any questions I have regarding said policies, and agree to comply with them.

_____

Client Name (print) Date Signature

I understand that I am financially responsible for all charges whether or not paid by insurance, including payment for "NO Show" or "Late Cancellation" fees.

_____ _____

Signature Date

Privacy Practices Notice

This notice is being provided to you in compliance with new federal regulations known as the Health Insurance Portability and Accountability Act (HIPPA), which pertains to health information. It explains how our office protects your confidential health information from disclosure, how and when it may be disclosed, and d your rights of access or correction of records, and grievance recourse. Please review it carefully.

This office makes every effort to maintain strict confidentiality with regard to your treatment. We keep records of your basic billing information, appointment dates, diagnosis, payment history and treatment progress. Treatment notes may include summary of session content, analysis of treatment process and goals, evaluation of progress, assessment of intervention effectiveness, and recommendations. Also included in your file may be the results or reports of any psychological evaluation, correspondence received or sent on our behalf, copies of any reports submitted or release with your written authorization to insurance companies, managed care treatment reviewers, consulting professionals, or public assistance agencies. All information is kept in locked files or password protected computer programs. The only outside services we use are for collections.

If you are using insurance to pay for services, HIPPA allows us to release basic billing information, including dates of service, location of service, type of service, diagnosis, and charges to those payors, without permission. Please be aware that use of insurance benefits may compromise some of your personal health information. Many managed care panels that are used by insurance to authorize service require periodic justification of the need for on-going treatment, and review of treatment goals and progress. We always provide the minimum information sufficient to justify treatment, however a degree of confidentiality is necessarily compromised to secure payment. Once such information is released it may be subject to redisclosure that is out of our control, you have the right to pay for your treatment out of pocket if you do not want any information released to insurance or other payor sources.

We are required by law to disclose to the proper authorities any knowledge we have of child physical or sexual abuse, elder abuse, neglect, homicidal or suicidal intent. Homicidal intent must be reported to the police and the intended target in an attempt to secure their safety. We are permitted to disclose suicidal intent when necessary to protect the client. Such disclosure can be made to any reasonable source of assistance in securing the client's safety, including police, parents, adult children, medical personnel, spouses, or roommates.

We are permitted to release basic billing information and payment history to collect delinquent accounts without written consent. We are also permitted to release confidential information pursuant to litigation between the client and this practice.

No other types of disclosure will be made without your written authorization. Authorization must include the name of the person to whom disclosure is authorized, the intended use of the released information, an expiration date of authority to release, and description of any restrictions on type or use of information released, as well as a statement of the right to revoke said authorization any time. You will have to contact those sources to release information generated by them.

Judicial courts and administrative tribunals may request information to settle legal matters. Generally the scope of such release is limited to the issue at hand. A subpoena may require your therapist to testify, but does not compel unauthorized release of records. However, if the court orders a release of records, then we must comply with that court order. We can also make disclosures without permission to authorities that monitor compliance with HIPPA, to coroners or medical examiners, and to certain federal officials for national security.

You have the following rights with respect to your protected health information.

1. You may request specific restriction to the use or disclosure of information. We cannot agree to limit any use or disclosure of personal health information if the use or disclosure is required by law.
2. You may request reasonable changes at how and where information is sent.
3. By state law, you have the right to inspect and copy medical information compiled on you or your child (in divorce or custody proceedings, both parents have the right of a access to their child's records regardless of who authorized or paid for treatment). The therapist may determine the manner of review, if it is in your best clinical interests. You do not have the right of access to information compiled in reasonable anticipation of use in legal or administrative action where the therapist would be protected by attorney-client privilege.
4. You may request amendment of protected information that you believe to be incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. We may deny the request and will state the reason for denial in writing, if we determine that the information is correct or if we did not create the information.
5. You may request an accounting of any disclosures made of protected information. The accounting will include a list of disclosures for purposes other than treatment, payment, health care operations, or as authorized by you. The list will only include disclosures made since April 14, 2003, it will include the date of disclosure, the name of the person or entity to whom disclosure was made, a description of what information was disclosed, and the reason for disclosure.
6. You may request further information or make a complaint to our office by contacting Ms. Fabe at 6013 Robison Rd., Cincinnati, OH 45213. You may also file a written complaint to the Secretary of Health and Human Services Office of Civil Rights, 200 Independence Ave. SW,

Washington, DC 20201 if privacy rights are violated. If you file a complaint, no retaliatory action will be taken by this office.

7. You will be informed of any subsequent changes in this policy after its effective date of April 14, 2003.

PROFESSIONAL DISCL0SURE STATEMENT

LINDA B. FABE, M.Ed.,
Licensed Professional Clinical Counselor

FORMAL PROFESSIONAL EDUCATION

Internal Family Systems Therapy (Parts Work), Levels I & II
Center for Self-Leadership, December 2016

Certificate of Advanced Graduate Studies in Counseling
University of Cincinnati, March 2004

Certificate of Training in Couples, Families, & Small Systems
Gestalt Institute of Cleveland, March 2002

Master of Education in Counselor Education
University of Cincinnati, December 1982

Bachelor of Arts in Urban Planning
University of Michigan, May 1978

AREAS OF COMPETENCE AND SERVICES PROVIDED

Diagnosis and treatment of mental and emotional disorders. Individual, couples, family, and group therapy. Treatment of depression, anxiety, trauma, sexual, physical, and emotional abuse, grief, loss and transition. Feminist counseling. Gay and lesbian issues. Interpersonal communication, career concerns and general problem solving.

FEES: $130 per hourly session; $40 for group sessions

The Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, OH 43215-5919
(614) 466-0912 Fax (614) 728-7790 www.cswmft.ohio.gov

THIS INFORMATION IS REQUIRED BY THE COUNSELOR, SOCIAL WORKER,AND MARRIAGE AND FAMILY THERAPIST BOARD WHICH REGULATES ALL LICENSED AND REGISTERED COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS.