



Hope Behavioral Health, LLC

24100 Chagrin Blvd., Suite 330, Beachwood, Ohio 44122

Phone: 800-642-4560

## Individual and Family Therapy Guidelines and Informed Consent

Welcome to **Hope Behavioral Health, LLC**. We hope that you find your stay in treatment as productive, transformative, and healing. In order to ensure therapeutic success, there are a few guidelines to bring about the results we seek:

- 1. Intake and ongoing sessions:** The first appointment is a time for you to discuss your concerns and the problem from your point of view. This intake session is typically 90 minutes. It is a time to discuss with the Therapist the goals and plan for therapy. Ongoing sessions are generally for 60 minutes, unless otherwise agreed upon. It is important that you arrive in a timely manner, as other clients may be scheduled for the following hour.
- 2. Cancellations/No shows:** Please give at least 24 hour notice if you will not be able to make your appointment. **Cancellation notice should be made over the phone – emails will not be accepted.** A \$35 fee will be charged for a missed appointment and failure to call to cancel. **Please review Cancellation Policy in detail.**
- 3. Terminations:** You can terminate sessions at any time. However ideally it is best to terminate treatment when both you and the therapist have mutually discussed and believe that treatment goals have been reached. If you do not schedule a session(s) or call regarding your treatment within two months (60 days), you will be discharge from treatment. If you wish to re-engage in Therapy after being discharge you may do so but you may be placed on a wait list depending on session(s) availability.
- 4. Insurance and Fees:** Hope Behavioral Health, LLC is committed to working with all clients to develop a reasonable plan to pay for services, regardless if you have insurance or not. **Please review the Financial Policy in detail.**
- 5. Confidentiality:** Your expectation that the information disclosed to a Hope Behavioral Health Therapist will be kept private, including the fact that you have consulted a therapist. All record(s) and session(s) content remain confidential unless you sign a Release of Information. There are important exceptions to confidentiality that are legally mandated. Exceptions include: (1) If a Hope Behavioral Health Therapist believes the client intends to harm himself or someone else, (2) if a Hope Behavioral Therapist suspects child abuse, elder abuse, or neglect,



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(3) if subpoenaed and ordered to share and/or provide confidential information.

A Hope Behavioral Health Therapist is required to report any suspicions of abuse or neglect of minors and the elderly. Please note that a Hope Behavioral Health Therapist can discuss cases in Peer Supervision (client names are not shared), and by signing you give permission for these discussions when consultation is to aid in providing effective therapy. Peer Supervision is clinical consultation with another professional who is also bound to maintain client information confidential.

There are also other legal exceptions to confidentiality; these are described in the **Notice of Privacy Practices, The Health Insurance Portability and Accountability Act (HIPAA)**. HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information used for the purpose of treatment, payment, and health care operations. The law requires that we obtain your signature to acknowledging that we have provided you with this information; by signing Hope Behavioral Health, LLC's releases and consents you are certifying that you have been given a copy of the Notice. Please understand that all files are kept confidential. Your written consent is required for any release of information. You may revoke this agreement in writing at any time. If the client is a child, who is in the custody of Department of Children and Family Services (DCFS), the agency has legal authority to access any and all records pertaining to the child. In addition, in case(s) where DCFS is conducting an investigation, the agency, along with the Guardian Ad Litem Program will have the legal authority to access any confidential record(s) related to the client/child.

**6. Office hours:** Monday thru Friday – 8:30am to 7:30pm; Saturdays – 9:00am to 3:00pm. Telephone calls may also be made during office hours and voicemail message should be left if no answer. **However, in case of an emergency (i.e. suicidal, homicidal, domestic violence, or severe psychosis episode, etc.) please contact one of the following resources:**

**a. Emergency 9-1-1**

**b. Mobile Crisis Team-Adults (18 and up – Cuyahoga)**

24/7 Hotline and Crisis Outreach in Cuyahoga County, Ohio, USA  
(216) 623-6888



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- c. **St. Thomas Hospital adults (Summit County - 18 and older)**  
444 Main Street  
Akron, Ohio 44310  
(330) 379-9841
  - d. **Children' Hospital of Akron (Summit County –Children under 18)**  
1 Perkins Square  
Akron, OH 44308  
(330) 543-1000
  - e. **University Hospital – Rainbow Babies and Children's (Cuyahoga County - Children under 18)**  
11100 Euclid Ave  
Cleveland, OH 44106  
(216) 844-1000
  - f. **National Suicide Hotline**  
1-800-784-2433
7. **Therapy:** It is hoped that the professional relationship between you and the Hope Behavioral Health Therapist will be one where you receive the maximum benefit. Psychotherapy may be tremendously beneficial to some individuals while, at the same time, it is important to know that there are some risks. The risks may include the experience of intense and unwanted feelings such as sadness, anger, guilt, fear, or anxiety. Please remember that these feelings may be natural and an important part of the therapy process. Other risks may be recalling unpleasant memories and facing strong feelings and thoughts. When the “client” is a child, it is important to share with the Therapist any changes in behavior, mood, or routines following therapy so that she will know the best rate to work with the child in therapy so that the child is not overwhelmed.

***At Hope Behavioral Health, our therapist primarily utilizes an evidence based therapeutic approach called Cognitive Behavioral Therapy that is particularly helpful in the treatment of generalized anxiety. Together the client and therapist will evaluate the level of unhealthy emotions and behavior, and what triggers it. The client and the therapist will explore and challenge faulty thinking and how to reframe those***



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*thoughts by replacing self-defeating limiting beliefs with new hopeful beliefs. As Christian Psychotherapists, scriptural truths are used along with prayer to help shape the client's hopeful belief structure, so the client can effectively cope with the life stressors and walk in freedom and emotional restoration. Our therapist also use Trauma Focused Cognitive Behavioral Therapy, which is uniquely tailored for the treatment of Children and Adolescence, who have suffered from serious acute, complex or chronic trauma. There is strong consideration given to the cultural and spiritual context of the person in their environment.*

**Depending on the age of the client, therapy may look different:**

**1. If the client is a child, Play & Art Therapy techniques will be used because children express their thoughts, feelings, hopes, and fears better through play as oppose to words. It is important to share any changes in behavior, mood, or routines following therapy in order to know the best way to work with the child in therapy so the child is not overwhelmed.**

**2. For older teens, more Activity Oriented Therapy approaches such as; taking walks, using books in therapy, music therapy, therapeutic games, role play, and journal reflections, are used to engage teens. It is important to realize that a fair amount of time has to be devoted to building a positive therapeutic relationship, where the teens begin to trust the therapist, before the real work in therapy is accomplish.**

**3. When the client is an adult, traditional Conversational Psychotherapy is used with men and women, individuals, as well as couples. Therapy with adults typically focuses on personal and relationship related concerns.**

**4. When the client is the family unit, the goal of Family Therapy is to improve the overall health of the family when faced with a family crisis (i.e. a marital crisis) or a major family transition (i.e. separation, loss, death, divorce, etc.). Through Family Therapy, safety and boundary plans are established. Strategies used to build and re-establish trust; improve communication, and utilize effective parental behavioral management that work in order to promote stability; safety, mutual respect and cooperation among all family members.**



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8. **Minors & Parents:** When children are in therapy, the child's parents or guardian are involved in the treatment and their participation is expected. Parents may decide to come to the first appointment without the child, especially if the child is very young, so that the parents may share their concerns candidly without the child hearing their parents' worries. **\*Children 12 years of age and under may not be dropped off for therapy; parents must remain in the waiting area while therapy is being provided.** Children under 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and may require that some private information be shared with parents or guardians.
  
9. **Children & Treatment Consent:** To provide Consent for Treatment for a child, you must either have sole legal custody, shared legal custody or legal guardianship. If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments; services through Hope Behavioral Health fall under this specification. You may be in violation of a Court Order, if you fail to inform the other parent of our services being provided to your child. By signing the Consent for Treatment form, you are stating that you have the legal right to consent to treatment on behalf your child.



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### **Consent for Therapy:**

Please sign below to indicate that you have read the **Individual and Family Guidelines and Informed Consent** in full, understand the information, including the benefits and risk of therapy, as well as consent to therapy services. Please do not hesitate to ask for clarification of any information of which you are unclear. Your signature indicates that you have read this document and agree to the terms during your involvement with a Hope Behavioral Health LLC Therapist.

I have read and understand the policies and agree to the conditions. I agree to the statements herein and terms of payment, to include payment of all fees listed. If the parent of a minor, I certify that I have the legal right to Consent to Treatment. Further, I acknowledge receipt of HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
**Client Signature and Date**

\_\_\_\_\_  
**Guardian's Signature (if applicable) and Date**

\_\_\_\_\_  
**Witnessed Signature and Date**