

MIGHTY OAK

CHRISTIAN COUNSELING

141 E. Court St, Suite B

Bowling Green, OH 43402

Client Information and Policy Statement

Welcome to Mighty Oak Christian Counseling. Please read carefully this information describing our services and office procedures.

This is the private practice of licensed professional counselor, Linann M. Teggart, MA, LPCC-S. Mighty Oak provides professional counseling to adults, adolescents, and children helping them find wisdom, comfort, courage and strength to thrive in spite of life's challenges. The aim of each session is to develop a partnership between the client and therapist to help the client make meaningful internal and external changes related to client's stated goals. There are, however, no guarantees. In some cases, therapy can involve unpleasant feelings and discomfort as you work and talk through personal history. Mighty Oak provides a safe and hope-filled environment to optimize opportunity for positive change.

CONFIDENTIALITY

Ohio Law requires that issues discussed during the course of therapy with a counselor be kept confidential. Information or records will not be discussed, sent or shown to others without a signed release from you. However, you need to be aware of several circumstances where there are exceptions to confidentiality: situations of potential harm to oneself or others, suspected child or elder abuse, and in cases where the court may subpoena records. Some insurance companies seek to justify treatment needs and require information from the therapist before they will pay for treatment. Professional disclosure statements are available from each counselor in the practice, along with their contact information.

OFFICE HOURS, APPOINTMENTS, AND CANCELLATION POLICY

Sessions are by appointment only and may be scheduled by calling the office at 419-575-7910. You can also schedule via e-mail using linannteggart@mightyoakcounseling.com or directly with your therapist. Every effort will be made to return your call or e-mail quickly. If you have a mental health emergency, never leave a message or e-mail. Call 911 or The LINK CRISIS HOT LINE at (419) 352-1545. Also, most area hospitals are prepared to assist you.

Please call or e-mail the office if you need to cancel or change an appointment. Clients who regularly miss appointments or do not give adequate notice of cancellation or desire to reschedule may be subject to closure of services. Clients with no appointment schedule who have not been seen within 30 days will be subject to closure of services.

FEES AND INSURANCE

The initial appointment fee is \$118.00. Subsequent appointments are 50-60 minutes in length and are \$98.00 each. At this time, we can directly bill Caresource, Buckeye Cenpatico, Frontpath, Medical Mutual, and Paramount as in-network providers. The client is responsible at time of service for copays. Other insurance companies can be submitted to as an "out of network" provider for client reimbursement. Payment for out of network services, in most cases, will need to be made at the time of service. We do offer ministry discounts where applicable and a sliding fee scale. Payment arrangements, questions and concerns can be discussed ahead of time. For your convenience, we will file all insurance claims for you. Cash, checks, and credit cards are accepted.

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Client Bill of Rights

You have the right to:

- Get respectful treatment that will be helpful to you.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report immoral and illegal behavior by a therapist.
- Have written information, before entering therapy, about fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed, substitute therapists (in cases of vacation and emergencies), and cancellation policies.
- Refuse audio or video recording of sessions (but you may ask for it if you wish).
- Refuse to answer any question or give any information you choose not to answer or give.
- Know if your therapist will discuss your case with others (for instances, supervisors, consultants, or students).
- Ask that the therapist inform you of your progress.

PROFESSIONAL DISCLOSURE STATEMENT

Linann M. Teggart
Professional Clinical Counselor
License #C0900343

Mighty Oak Christian Counseling, LLC
141 E. Court St. Suite B
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Formal Professional Education

Spring Arbor University, MA in Counseling 2007-2010

AREAS OF COMPETENCE

- **Child and Adolescent Counseling**
- **Personal and Social Counseling**
- **Marriage and Family Counseling**
- **Mental Health Counseling**
- **Addictions Counseling**
- **Compulsive Gambling Counseling**
- **Diagnose and treat mental and emotional disorders**

If you have complaints about professional services from a counselor, social worker and/or marriage and family therapist contact the: Ohio Counselor, Social Worker, and Marriage and Family Therapist Board
50 West Broad Street, Suite 1075 Columbus, Ohio 43215 Phone (614) 466-0912, www.cswmft.ohio.gov



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Notice of Privacy Practices (Brief Version)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND

HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems of if you wish to have a copy of the unabridged version.

The office has encrypted e-mail service that will better insure privacy through electronic communication. Although this is a more secure form or type of electronic communication than most e-mail, it does not guarantee protection. If you communicate with this office through e-mail, please remember that our current system does not allow us to guarantee protection.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.



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Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the privacy officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, Linann Teggart MA, PCC.

The effective date of this notice is 9/2013