

*Susan Weltner-Brunton, Ph.D. & Associates, Inc.*  
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*An Association of Independent Practitioners*

*Susan Weltner-Brunton, Ph.D.*  
*Laura L. Williams, Ph.D.*  
*Sabrina Chow, Ph.D.*

*Amy Coleman, MSW, LISW*  
*Avalon Espinoza, LISW-S*  
*Alissa Shrader, MSW, LISW-S*

### CLIENT INFORMATION (REV. 7/7/2015)

**Susan Weltner-Brunton, Ph.D. & Associates, Inc.** provides psychological and counseling services to children, adolescents, adults, and families. As licensed psychologists in the state of Ohio, Dr. Susan Weltner-Brunton, Dr. Laura L. Williams, and Dr. Sabrina Chow operate under the rules and regulations of the Ohio State Board of Psychology. As licensed independent social workers in the state of Ohio, Amy Coleman, MSW, LISW, Alissa Shrader, MSW, LISW-S, and Avalon Espinoza, LISW-S operate under the rules and regulations of the Counselor, Social Worker & Marriage and Family Therapist Board.

### SERVICES WE OFFER

Psychological Evaluations  
Clinical Diagnostic Assessment  
Individual Psychotherapy  
Family Psychotherapy  
Parent Counseling  
Couples Counseling  
Group Counseling  
Biofeedback/Relaxation Training

### OFFICE POLICIES & PROCEDURES

- 1) Fees or co-pays are due at the time of service unless other arrangements are agreed upon. Cash, checks, VISA, Master Card, and Discover are accepted. Please contact your insurance company or managed care organization prior to the first appointment to activate your benefits, obtain pre-certification if necessary, and to inquire about your out-of-pocket responsibility.**
- 2) If applicable, this office will file insurance claims for you. Even so, you are ultimately responsible for your bill. If you elect a service that is an excluded benefit under your insurance plan, you may be asked to assume full responsibility for the fee. You may be asked to sign a form stating that you are aware that you are electing an uncovered service and are willing to assume financial responsibility.
- 3) The office phone number is **614-754-7648**. Confidential voice mail is available and will always include instructions for emergency coverage after hours.

**Fees for Service:**

**Initial Session (50-60')**

Psychology	\$180.00
Social Work	\$150.00

**Individual Psychotherapy**

Psychology	(16-37')	\$99.00
	(38-52')	\$150.00
	(53-60')	\$195.00
Social Work	(16-37')	\$77.00
	(38-52')	\$115.00
	(53-60')	\$153.00

**Crisis Intervention**

\$100.00 per 30'

**Psychological Testing, Interpreting, and Report Writing**

\$170.00 per 60'

**Behavioral Checklists**

*Behavioral checklists are not covered by insurance*

\$7.00 per form

**Fees that are Prorated per Minute (not covered by insurance):**

- Phone Conferences
- Sessions over 60'
- Time spent preparing letters and treatment summaries
- Reading and responding to correspondence and legal documents
- Site visits
- Travel time
- Consulting with other professionals

**Fees for Legal Cases (not covered by insurance):**

Fees apply to **time spent and attorney's fees in connection with the subpoena or other record requests** that your psychologist or social worker might receive involving your (or your child's) treatment. This includes the cost of seeking to block a release of information to the court, should you choose this course. Fees may also apply to legal testimony, preparation time, travel time, and time spent waiting to testify. The fees for these services are:

Psychology	(60')	\$300.00
Social Work	(60')	\$250.00

**Fees for Record Requests:**

*Fees for record requests are established by HIPAA and are not covered by insurance*

Record Search	\$16.84
First 10 Pages	\$2.74/page
Pages 11-50	\$0.53/page
Pages 50+	\$0.23/page
Plus costs for postage	

***Please call as soon as possible to cancel appointments. You will be charged \$75.00 for appointments not cancelled 24 hours in advance. Your insurance company will not pay for this charge.***

**Clients have the right to:**

- 1) Receive a truthful, understandable, and reasonably complete account of your (or your child's) condition. You have the right to understand and participate in the treatment planning process for yourself, your child (if you have legal responsibility), and your family.
- 2) Understand and participate in the development of your personal goals, plan, and timetable.
- 3) Be informed about the treatment choices and recommended procedures, including potential risks and benefits. This is regardless of cost or coverage by third party payers.

- 4) Refuse treatment or withdraw at any time.
- 5) Be free from physical or mental harm or danger
- 6) Fair treatment, regardless of your race, religion, gender, ethnicity, sexual orientation, age, disability, or source of payment.
- 7) Easily access care in a timely fashion.
- 8) Information about your counselor's work history and training.
- 9) File a complaint to your psychologist or social worker in person or in writing.

## CONFIDENTIALITY

Under most circumstances, you have the right to confidentiality, that is, not to have information you provide to your psychologist or social worker released to anyone without your permission. There are, however, exceptions in the law; some of the major ones are as follows:

- 1) Information will be released, with your consent, as needed to obtain payment from third party payers. This information always includes diagnosis and often includes history, treatment goals, and progress. **Your psychologist or social worker has no control over how insurance companies and managed care organizations use or release this information once it is released to them.** In some cases, there are no legal protections that apply. You have the right to prohibit disclosure of information to insurance companies by paying in full out of pocket.
- 2) Information may be shared with persons who bill and manage records on behalf of your psychologist or social worker. They will be required to maintain the confidentiality of the information as part of their contracts with your psychologist or social worker;
- 3) Psychologists and social workers are mandated by Ohio law to report **SUSPECTED child or elder abuse/neglect**, whether physical, mental, and/or sexual. In certain instances, these laws apply to the cognitively impaired, developmentally disabled, physically impaired, and elders. In the case of **domestic violence**, psychologists and social workers are required to record suspected victim's names in their clinical notes;
- 4) Information may be released to the appropriate authorities if you report to your psychologist or social worker that you (or your child) **have committed or are committing a felony** (major crime), or if you report information about yourself or someone you know who is **threatening to inflict imminent and serious physical harm** to or cause the death of another, or is threatening a readily identifiable structure;
- 5) Your psychologist or social worker will notify parents and/or appropriate authorities in the event that she suspects suicide or homicide risk in a minor. Other behaviors posing a serious risk to minors may be disclosed to parents or appropriate authorities;
- 6) **In family and couples therapy, confidentiality does not apply between members of the family. When working with family members separately, your psychologist or social worker will use clinical judgment in disclosing information.** As a rule, only the client named as the patient retains the right to confidentiality, not other members of the family who may provide information to the psychologist or social worker;
- 7) In the event that payment is not made for services or work provided, **you release your right of confidentiality** to the extent necessary for your psychologist, social worker, or those agents contracted by your psychologist or social worker **to collect outstanding debts**;
- 8) Under certain court actions or orders, your psychologist or social worker may be required to release confidential information. If you are pursuing legal actions and have questions about your confidentiality rights, please ask. Filing a claim against your psychologist or social worker constitutes a waiver of confidentiality rights with regard to the care of which the complaint's made;

9) Other disclosures of information, such as for coordinating care with other professionals, will be made only with your written authorization. You have the right to revoke such authorizations at any time;

10) If you choose to use electronic communication such as email or text messaging with your psychologist or social worker, please be advised that electronic communication which is not encrypted is not secure or confidential;

**Client (parent) rights regarding access to records:**

- 1) Parents and legal guardians have the right to information about their minor child's treatment.
- 2) To aid in the treatment process, parents or guardians may be asked to permit minors to have confidentiality with the psychologist or social worker.
- 3) Divorced parents **are required to provide a copy of the child custody agreement** before their child receives services.
- 4) Clients or their legal guardians have the right to access protected health information, which includes the right to inspect and obtain a copy of the record for so long as the information is maintained. Written requests for clinical records must be submitted within 60 days of the date signed. Because clinical records and psychotherapy notes may contain information which might be misinterpreted, your psychologist or social worker may ask that you review such records in the presence of your psychologist or social worker, or have them forwarded to another mental health professional who can review them with you.

**Clients have the responsibility:**

- 1) To treat those giving them care with respect and dignity.
- 2) To give their psychologist or social worker the needed information so that the professional can deliver the best possible care.
- 3) To follow treatment plans for their care. The plan of care is to be agreed upon by the client and their treatment professional.
- 4) To follow the agreed upon medication plan if there is one.
- 5) To tell their psychologist or social worker about medication changes.
- 6) To keep their appointments
- 7) To let their treatment professional know when the treatment plan no longer works for them.
- 8) To let their psychologist or social worker know about problems with paying their bills.
- 9) Not to take actions that could harm others.
- 10) To report abuse.
- 11) To report fraud.
- 12) To openly report concerns about quality of care.

I have read, understood, and received a copy of the CLIENT INFORMATION SHEET and NOTICE OF PRIVACY PRACTICES of **Susan Weltner-Brunton, Ph.D. & Associates Inc.** I understand that I may raise questions about this information at any time. I agree to the terms specified herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_