



Psychoanalysis. Psychotherapy. Drug and Alcohol Counseling
A Private Practice in the Neighborhood, Doing Community Work
3237 Ormond Road
Cleveland Heights, OH 44118
Camhp.us
info@camhp.us
(216)370-3250

Office telephone number _____

Practice Administrator: _____

Assigned Therapist: _____

Client: _____
first name last name

The Center for Advance Mental Health Practice is non- psychiatric mental health (CAMHP) office that does not have any affiliation to outside psychiatric services/offices/medical services/medication. CAMHP offers a psychodynamic and psychoanalytic based therapeutic treatment. Our treatment utilizes talking as the only format to address patients' mental illness and symptoms. The purpose of therapy in this office is to support patients' effort to understand their unconscious, conscious thoughts, and behaviors which effect their daily lives. Patients understanding of how they have been affected and respond to life after a traumatic event, longstanding abuse, neglect, and/or organic mental illness is the foundation of therapy at CAMHP. Therapy can aid as a tool for patients to stabilize their mental health illness and symptoms to help improve the relationship between patients and their social environment. Therapy cannot eradicate patients' mental illness, symptoms, and trauma as if it never existed. Rather, psychodynamic and psychoanalytic oriented talk therapy is designed to patiently help patients try to make some sense of what they have experienced and the long-term effects of

those experiences on their lives. Personal evaluation of traumatic experiences, their mental illness and symptoms' molding patients' responses, can help provide insight into past thoughts, feelings, and behaviors to those past experiences. Gaining personal insight in past responses can aid patients to recognize how past responses become a way of responding to all situations and relationships present and in the future.

This document contains different consents required by Center for Advanced Mental Health Practice Corporation (referred to as CAMHP for the remaining of this document) and not all pertain to each patient. All patients must sign consents accepting or denying mental health treatment, and defining use and disclosure of protected health information and case management services.

List of insurances we accept:

Caresource

Medical Mutual

Aetna

Buckeye

Paramount

Healthnet (Military)

Medicare

Humana

Meridian

Optum

Tri-Care (Military)

United Behavioral Health

CAMHP does not condone and engage with any form of discrimination by race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, veteran status, or mental or physical challenge.

MENTAL HEALTH

CAMHP provides mental health treatment for adults, children (4-18 years old), veterans, active military members and their families, and seniors.

Types of Mental Health Treatment:

Psychotherapy- Psychotherapy includes many forms of talk therapy, the goal of which is to resolve or reduce the negative symptoms of an emotional or mental health problem. Cognitive behavioral therapy is one of the main types of psychotherapy pursued at CAMHP.

Psychotherapy sessions range from 1/2 hour to 1 hour, once or twice a week.

Psychoanalysis- Psychoanalysis is a type of psychotherapy. It is based on overcoming the desires and negative influences of the unconscious mind.

Psychoanalytic therapists encourage patients to use free association to come to insights about unresolved issues from the past that may contribute to symptoms and behaviors that create difficulties in managing everyday life.

Psychoanalysis is used most typically to help treat patients suffering from neurosis or personality complaints.

Psychoanalysis sessions are provided for individuals only, and consist of 45 min hour sessions 3-5 days per week.

Drug and Alcohol Counseling- is focused on addressing behaviors and thoughts that contribute to the use of drugs and alcohol. The goal of this counseling to reduce/stop the use of drug(s) and/or alcohol and create/sustain a sober lifestyle.

Group Therapy- consists of no more than 12 patient participants during any one group session. Each group session lasts 1 and 1/2 hours and each group session is guided by the particular topic. The current list of groups is as follows:

Drugs and alcohol

Domestic violence (victim- adults)

Domestic violence (perpetrator- adults)

Mental Health (Adults)

Mental Health, Drug and Alcohol (adults)

Mental Health and Parenting (adults)

*We do not conduct groups with minors and suggest individual psychoanalysis or psychotherapy for minors.

All CAMHP therapists undergo clinical supervision to help adhere to ethical boundaries defined by the Ohio State licensing board for mental health professionals.

MULTIDISCIPLINARY PATIENT CARE

Patients who are involved in other treatment modalities in the past or currently must sign an "Authorization to Release Information" for CAMHP administration and CAMHP therapist to provide any information.

FAMILY COURT/DIVORCE/CHILD CUSTODY

CAMHP therapists do not accept patients that are involved in family court specifically related to custody issues with the purpose of the sessions being related to evaluating one parent over another. We do accept patients who are suffering due to issues that are related to divorce. We encourage, when possible, active involvement of both parents in meeting with the therapist. The number of times the parent(s) is encouraged to meet with the therapist depends on the age, diagnosis, and emotional needs of the parent(s). There are times when we discuss the importance of individual therapy for a parent(s). The disclosure of a child's statement is held in confidence, except in an emergency issue where a child's and another person's life has been threatened and may be at risk.

I have read the preceding paragraph and understand its contents.

Guardian Print Date ___/___/___

Guardian Print Date ___/___/___

Mother _____ Print Date ___/___/___

Father Print Date ___/___/___

Child Print Date ___/___/___

FAMILY AND COUPLES PSYCHOTHERAPY

CAMHP Practice Patient Agreement and Consent Form

Individuals attending psychotherapy sessions as a couple or a family are requested to bring concerns to session and not call individually and/or request separate sessions. Individuals who wish to speak separately with the therapist, on any issue other than administrative topics (payments, insurance, co-payment), are encouraged to consider seeking individual psychoanalysis or psychotherapy.

Couple's Name _____

Patient _____ print _____ Date _____

Patient _____ print _____ Date _____

Family Name _____

Patient _____ Print _____ Date _____

Patient _____ Print _____ Date _____

Patient _____ Print _____ Date _____

Patient _____ Print _____ Date _____

Patient _____ Print _____ Date _____

Patient _____ Print _____ Date _____

CHILDREN'S PSYCHOANALYSIS AND PSYCHOTHERAPY

Parents are requested to attend at least 3 sessions to discuss their concerns about their child. There are times when parents may need to attend more sessions to help the therapist gain an in-

depth understanding of the problems the child is trying to manage. Parents are requested to attend sessions without the child until it is mutually determined that the therapist is a suitable match for the child. Sessions will be charged as regular sessions during this process. Parents are requested to meet with the therapist at least once a month.

I, _____, am willing to attend sessions to discuss with the therapist the issues I believe are causing problems for my child.

Guardian _____ Print _____ Date ____/____/____

Mother _____ Print _____ Date ____/____/____

Father _____ Print _____ Date ____/____/____

PAROLE, PROBATION, CHILD PROTECTIVE SERVICES

For patients seeking psychoanalysis, psychotherapy, or drug and alcohol counseling and required to report to an agency about attendance, CAMHP agrees to receive telephone calls and provide a verbal report to the agency, provided the patient has signed a release of information. CAMHP therapists can request CAMHP administration to provide written acknowledgment of the patient's attended sessions. CAMHP, CAMHP administration, and CAMHP therapists will not provide information about the content of the sessions. The disclosure of a patient's statement is held in confidence, except in an emergency issue where a patient's and another person's physical health has been threatened and is at risk.

Patient _____ Print _____ date _____

I, _____, print _____ request CAMHP administration and/or my CAMHP therapist, _____, print _____

_____ provide acknowledgement to (agency)

_____, address of agency

_____ of my attended sessions.

Patient _____ print _____ date: _____

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Consent for Release of Information for Payment

CAMHP Practice Patient Agreement and Consent Form

I, _____, authorize CAMHP Corporation and CAMHP administrative staff to use/discuss my personal health/mental health information with an insurance carrier for payment of any and all related services. My submitted information will be utilized to satisfy a claim. Information to be released may include, but not be limited to, a diagnosis and progress notes or summary.

Patient signature _____ printed name _____
Date ___/___/___

CONSENT RELATED TO PRIVACY

Note: CAMHP reserves the right to make changes to this privacy notice as necessary without notifying our patients. A current copy is available at our office located at 3237 Ormond Road, Cleveland Heights, OH 44118; or you may ask for one at any time. You may also obtain a copy from our website at www.camhp.us

I _____ (minor)/I _____ (Guardian) have received a copy of the current Notice of Privacy Practices of CAMHP Corporation.

Patient signature _____ printed name _____
Date ___/___/___

Guardian signature _____ printed name _____
Date ___/___/___

COMMUNITY SERVICE

Public Community Donations

I _____ request/deny that my first name, last name, address, and age and number of my children under the age of 18 be made available by CAMHP Corporation, CAMHP Administrative staff, and/or CAMHP therapist, including therapist who is not my regular therapist, to any governmental, or nonprofit social service agencies, hospitals, private foundations and donors for the purpose of providing my family and I with donations such as clothing, public transportation, books, food, toiletries, and any other articles/items that CAMHP administrative staff and CAMHP therapist(s) believe can improve my quality of life.

Patient/guardian signature _____
Printed name _____ Date ___/___/___

CAMHP CASE MANAGEMENT

CAMHP Practice Patient Agreement and Consent Form

Case management services are provided only as they pertain to the mental health treatment discussed and to which the patient and therapist agree. Case management goals are directly related to relief of mental health symptoms that impede the patient's overall well-being and functioning. Case management is provided by CAMHP administrative staff, CAMHP therapist(s), and student interns and is considered completed at the time therapy is terminated.

Services offered depend on the availabilities of patient and case manager. Case managers may set specific hours of work and will not be able to complete case management services outside of those hours.

Emergency First-patients who are in crisis will receive services first and when available.

Case management are managed Monday through Friday and not considered a crisis/emergency. If you have a case management need /issue please provide telephone message and/or text to Ryan Elgart at(216)310-8844 and she will return the text/phone call the following business day.

Please choose and sign one of the following:

I, _____, request case management services and understand that all case management services are available and provided only when I am attending therapy on days and times decided between my therapist and me.

Patient/guardian signature _____

Printed name _____

Date ___/___/___

I, _____, deny receipt of case management services and therefore understand I will not receive case management services as a patient in psychotherapy.

Patient/guardian signature _____

Printed name _____

Date ___/___/___

CAMHP INTERNSHIPS

CAMHP Corporation/CAMHP Administration/CAMHP Case Management/CAMHP Mental Health Treatment/CAMHP Drug and Alcohol Counseling provide education internship opportunities for undergraduate, graduate, and post-graduate students. All candidates are vetted, criminal history checks are completed on all candidates, and trained about the philosophy of CAMHP Corporation and philosophy of empathy, concern, and the importance of social justice for all individuals. Those candidates who are accepted as interns will have access to records and information when it pertains specifically to training and the well-being of the patient. Interns do

not receive any stipends and work a very limited set of hours that align with their university's criteria. Interns must abide by the same professional rules and code of conduct as licensed professionals. Interns provide services to CAMHP patients for a specific amount of time beginning in the fall semester in September and ending in May of the Spring semester. Patients will be reassigned a new CAMHP intern in the following fall. If a patient wishes to not have services provided by an intern, the patient shall inform the assigned therapist, and the therapist will notify CAMHP administration. CAMHP interns are in training, and part of that training includes receiving supervision from a licensed therapist. Supervision will include discussing the cases assigned to the intern for educational purposes.

I _____ am aware of and agree/ refuse/ terminate CAMHP interns having access to my personal information as it pertains to my treatment, treatment of my child, and/or family and/or case management services. I _____ am aware interns are under supervision and required to discuss my case information for educational purposes.

Patient/Guardian

Print

Date ___/___/___

CAMHP THERAPY SUPPORT

In the case your therapist _____, is out of town, notified you that he /she is unavailable during emergencies during regular or after business hours, and you need emergency mental health attention after hours the following therapists, Mr. Steve Silva, LISW-S and Ms. Belinda Torres, PhD are available for mental health consultation. The therapists are not part of CAMHP Corporation and do not bill under CAMHP Corporation Insurance as a provider. As such, the therapists can only provide emergency mental health assistance as a basic need until your therapist has returned and/or is available during after office hours. Other can emergency phone consultation, CAMHP is not responsible for costs of therapy with listed therapists. Please discuss their fees services, and ask if they are a provider for your health /mental health insurance company prior to for face to face contact.

Steve Silva LISW-S License No. I.0005109

Family and Personal Counseling

14701 Detroit Ave. Ste 775, Lakewood, Ohio 44107

(216)407-0606

Mr. Silva is an independent licensed social worker

Belinda Torres, PhD License No. 5109

9614 Old Johnny Cake Ridge Road, Mentor, OH 44060

(440)487-8486

Dr. Torres is an independent practicing psychologist

CAMHP Practice Patient Agreement and Consent Form

Patient information is not discussed with above therapist. Patient and primary therapist will discuss need of information available to Mr. Silva and Dr. Torres and Authorization for Release of Information will be signed in advance.

I, _____ have refused to sign an Authorization for Release of Information for Mr. Silva and Dr. Torres.

Signature _____ Date _____

I, _____ have signed an Authorization for Release of Information for Mr. Silva and/or Dr. Torres.

Signature _____ Date _____

I, _____ have signed an Authorization for Release of Information for Dr. Torres and not Mr. Silva.

Signature _____ Date _____

I, _____ have signed an Authorization for Release of Information for Mr. Silva and not Dr. Torres.

Signature _____ Date _____

If you do not choose to contact therapists provided above the following community health centers are in Cuyahoga County, Ohio.

Catholic Charities

799-899 E. 82nd St. Cleveland, OH 44103 (216)391-4415

Ohio Guidestone

3500 Carnegie Ave, Cleveland, OH 44115

(440)234-2006

911 is available to provide emergency mental health care and /or go to your local hospital for help.

CHILD ABUSE REPORTING

Mental health professionals have a duty to report in the case of child and elder abuse.

I _____ understand CAMHP administrative staff and interns may communicate to CAMHP therapists' actions that take place that are suspicious of being abuse and/or neglect of self or others.

DUTY TO WARN

CAMHP therapists have a duty to report when they believe patients may pose a danger to themselves or others.

Patient signature _____ printed name _____
Date ___/___/___

Patient signature _____ printed name _____
Date ___/___/___

Patient signature _____ printed name _____
Date ___/___/___

Patient signature _____ printed name _____
Date ___/___/___

MENTAL HEALTH TREATMENT AND CASE MANAGEMENT TERMINATION OF SERVICES

Patients may terminate mental health treatment and case management at any time for any reason. Patients will receive a letter of termination including a list of referral sources for other agencies that may be able to serve the patient's needs.

CAMHP Corporation, CAMHP therapists, and CAMHP case managers may terminate mental health treatment (which includes group therapy) and/or case management for any of the following reasons:

- Feeling unsafe due to environment
- Feeling unsafe due to client actions
- Inappropriate client behavior towards CAMHP Administrative staff, CAMHP therapist, CAMHP case manager, and CAMHP interns
- Patient cancellation of three therapy sessions over a three week period in a row AND DOES NOT MAKE UP SESSION DURING THE THREE WEEKS.
- Patient and therapist request change in treatment and services and the patient and therapist disagrees or cannot accommodate. The therapist will provide 30 days of continued treatment and provide referrals for the patient to seek alternative treatment. On the 30th day, treatment will terminate regardless of alternative treatment.
- If a patient's insurance ceases to pay claims or function properly, CAMHP Corporation and CAMHP therapists will cease service to said patient until their insurance resumes paying claims

and functioning properly for the patient. *Note:* CAMHP Corporation will check that a patient's insurance is in effect at each session. A CAMHP Corporation billing administrator will check each patient's insurance and notify the patient if it ceases to function properly or if insurance coverage lapses. If CAMHP Corporation does not receive notice that insurance coverage for the patient has resumed, or hear from the patient (in person or in writing) regarding such a lapse in insurance function within 2 weeks of notification of insurance lapse, CAMHP services for the client will be terminated.

CAMHP staff and CAMHP therapists will work diligently to ensure our best efforts to support continued healthy therapy before termination by either the patient and CAMHP staff, CAMHP therapists, and CAMHP case managers.

Note regarding client texting to therapists: Clients shall not text emergency or personal information to their therapist. Texting shall be used only to confirm the time of, or cancel, a session. Texting cannot be used for emergency (9-1-1) communications, as it cannot be guaranteed that all texts transmissions will be received.

CAMHP interns are under the supervision of licensed therapists who hold the license to provide supervision to interns in the field of social work. Interns will seek supervision from their assigned therapist supervisor regarding a complaint about a patient(s). The assigned therapist supervisor will oversee the complaint and determine the action to be taken.

Patients will receive a termination letter stating the reason for termination and a referral list of other agencies that may be able to serve patient's needs.

I, _____, have read and understand reasons for termination of mental health treatment and/or case management services.

Patient signature _____ printed name _____
Date ___/___/___

In the case a patient is terminated listed are two agencies which can provide low cost mental health services.

Catholic Charities

799-899 E. 82nd St. Cleveland, OH 44103 (216)391-4415

Ohio Guidestone

3500 Carnegie Ave, Cleveland, OH 44115

(440)234-2006

911 is available to provide emergency mental health care and /or go to your local hospital for help.

PATIENT COMPLAINTS

Complaints regarding conduct of a social work therapist:

CAMHP Practice Patient Agreement and Consent Form

A patient may address their complaint to:

Counselor, Social Worker, and Marriage and Family Therapist Board

77 South High Street, 24th Floor, Room 2468

Columbus, Ohio 43215-6171

614.466.0312

I, _____, have been informed that, in the case that I have a complaint about my social work therapist, I may contact the Counselor, Social Worker, and Marriage and Family Therapist Board located at the address above.

Patient signature _____ printed name _____
Date ___/___/___

CAMHP OFFICE STAFF

Danielle J Dronet – Therapist

216.501.1073

danielle@camhp.us

camhp.us.danielle@gmail.com

Samantha Hess- Director of CAMHP Administration

Samanthahess.camhp@gmail.com

(330)316-6526

LeezaHahai- Business Manager

Leeza.camhp@gmail.com

(330)631-3552

Joshua Silva - CAMHP Administrative Clerk

Josh.camhp@gmail.com

(216) 798-2051

Thomas Beachy- Insurance Manager

Thomas.camhp@gmail.com

(614)582-1631

RECEIVED A COPY OF CAMHP FORM

I _____ (name _____) have
received a copy of CAMHP consent and information form, I understand the content of the form,
and reviewed the form with _____

Signature _____

Date _____

Patient's

Guardian _____ Date _____

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