My Neu Mind
5600 Kentshire Dr.
Kettering, Ohio 45440
937.723.6624

My Neu Mind

Where Change Comes In Waves

Before your initial consult we need the following:

- Signed HIPAA forms, Client Information forms, COVID release forms
- Successful log in to the Secure Patient Area
- Completed Biopsychosocial
- Complete assessments (DASS, ISI, FSS, ESS)

To log into the Secure Patient Area/to fill out the biopsychosocial:

- Go to this link: https://tlc.securepatientarea.com/portal/access/login/
    - Login with your username and password
        - If you do not know your username, it is most likely that it is the email address you received this email on (unless you have logged in before).
        - If you do not know your password you can reset it on that same page.
        - If you do not know either, you can call our office at 937.723.6624.
        - Fill out the biopsychosocial to the best of your ability
    - Enter in credit card information after the biopsychosocial page
        - There will be a $1 hold to verify the card is a valid payment method, but this charge will be refunded
    - From here, you will be able to view your sessions and billing history as needed

Please fill out the assessments in the attached packet **the day before your appointment**. These assessments are not to be completed any earlier.

Scheduled Appt:
When to Complete Assessments:

Please bring this packet with you for your initial appointment. ***If you do not have this packet, you will not be seen.***

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Client Information: Fees and Private Pay

Fees

Please note that while some insurance companies may cover these fees, it is not guaranteed. It is the client's responsibility to call their insurance provider to verify what they will and will not cover.

Initial Assessment	Neuropsychological Testing
$200	$150/hr (sessions range from 1-6 hours)

Psych Testing	Psychotherapy
$150	$100-$150/hr

Private Pay

Please note that the quantitative EEG and Neurofeedback sessions will not be covered by traditional insurance policies. It is the client's responsibility to call their insurance provider to verify what they will and will not cover.

**Some HSA plans will reimburse clients for the cost of the treatment. (See Payment Methods)*

qEEG and Neurofeedback	
Initial/FinalqEEG (based off of 25% off cost- see following page)	$500.00
20 Block Session	$1875.00
TOTAL Initial/Final qEEG and 20 Block Session	TOTAL $2375.00

By signing below, you are stating that you have read and understood this client information statement and you have had your questions answered to your satisfaction.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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Client Information: Payment Methods and Invoices

Payment Methods

When the client signs into the Secure Patient Area, they will be able to enter in the card they want billed.

We do accept Health Savings Account cards. Payment with HSA might be accepted, but it is important to note that this is at the discretion of the HSA administrator. The client will be provided with an itemized invoice at the end of the year, which can be submitted through their Health Savings Account.

Invoices

At the time of purchase, clients will be provided with a receipt with the total amount paid. If requested by clients with Health Savings Accounts, at the end of the 20 session block and/or at the end of the year, the client will be provided with an itemized invoice that outlines the cost of each session.

Packages

Treatments are typically scheduled in 20 session blocks. Sessions are typically 60 minutes in length. Neurofeedback treatments cannot be billed individually as a standard procedure for this particular method of treatment is 20 blocks. In order to ensure the highest probability of treatment success, 20 blocks is recommended. It is important to note that each client has their own treatment plan. Treatment plans will be discussed at the initial consultation.

The cost of the qEEG is based off of a 25% off rate. As an industry standard, qEEG's would be $1,000.00. However, as a part of the 20 Block package, we offer them for $500.

By signing below, you are stating that you have read and understood this client information statement and you have had your questions answered to your satisfaction.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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HIPAA COMPLIANCE CLIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

This consent was signed by: _____

(PRINT NAME)

Signature: _____ Date: _____

Witness: _____ Date: _____

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INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, we may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if we believe it is necessary,we may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, we will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, the My Neu Mind team, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Sign each box on the right hand side of the next page to indicate that you understand and agree to these actions.

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You will only keep your in-person appointment if you are symptom free.	Sign here
You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged our normal cancellation fee.	
You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time.	
You will wash your hands or use alcohol-based hand sanitizer when you enter the building.	
You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.	
You will wear a mask in all areas of the office.	
You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.	
You will take steps between appointments to minimize your exposure to COVID.	
If you have a job that exposes you to other people who are infected, you will immediately let us know.	
If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let us know.	
If a resident of your home tests positive for the infection, you will immediately let us know.	

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Our office may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, our team, and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If anyone in the My Neu Mind team test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

Your signature below shows that you agree to these terms and conditions.

_____ _____

Client Date

_____ _____

Witness Date