Jill C. Baird, Ph.D.
Licensed Psychologist
AASECT Certified Sex Therapist

Constructive Alternatives, LLC
24300 Chagrin Blvd., Suite 309
Beachwood, OH 44122

POLICIES, PROCEDURES & THERAPY CONSENT

This document contains important information about my professional services and policies.

Credentials, Contact Information, & Emergency Procedures

Jill C. Baird, Ph.D.
AASECT Certified Sex Therapist
Licensed Psychologist (OH Lic#: P. 08020)
216-223-7169
jill.baird.phd@gmail.com or https://sendsafe.to/jill.baird.phd@gmail.com

I use HIPPA-complaint, secure services for phone, text messaging, and email. However, with the use of electronic communication, there remains a risk of limit to patient confidentiality. For maximum privacy, please refrain from using text or email messaging for communication other than appointment scheduling and use the secure options (secure email link, and iplum app for texting) whenever possible. I will try to respond to emails or texts within 24 hours. Because I may not be able to respond immediately, they should not be used to communicate emergencies. In case of emergency, please contact me by phone.

Please note that I am not always immediately available to answer the telephone. For routine issues, you can expect a return call within one business day. If you are experiencing a clinical emergency (danger to yourself or others) and need to speak with me on an urgent basis, please call my office phone, listed above, and leave a detailed message, indicating the nature of the emergency and the best way to reach you. If you are having thoughts of harming yourself or someone else, and cannot wait for a return call, please call the Cuyahoga County Crisis Line (216-623-6888), the National Suicide Hotline (1-800-273-8255) or go to the nearest emergency room. If you are not a danger to yourself or someone else but need immediate support in the event of a crisis and I cannot be immediately reached, you can also call Cuyahoga County Crisis Line (216-623-6888) or the National Suicide Hotline (1-800-273-8255) for crisis support.

Services

I provide psychotherapy for adults, both in person and via telepsychology. Specific information regarding telepsychology service provision is described in a separate document. As a licensed psychologist, I see people for a variety of presenting issues. I am also a certified sex therapist, and thus, also provide sex therapy for the treatment and amelioration of sexual concerns. Sex therapy is a verbal therapy that may include "homework" but does not involve any touching. I do not prescribe medications or routinely provide psychological testing services.

Information About Therapy

Participating in therapy has a variety of risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, anger, and helplessness. On the other hand, psychotherapy can result in benefits to you, including a better understanding of your personal goals and values, a resolution of the specific concerns that led you to seek therapy, improved interpersonal relationships, and significant reductions in feelings of distress.

The first few sessions of therapy involve an evaluation of your needs. During this time, we can both decide if I am the best person to provide the services you need. By the end of the evaluation, I will be able to offer you some impressions of what our work could include, and we can negotiate a plan for our work together. I am available now and throughout therapy to answer your questions regarding these matters and to help you make an informed decision about choosing therapy. If you or I decide at any time that you would be better served by another provider, I will assist you in locating other options for care.

I abide by the Ethical Principles of the American Psychological Association and the Laws and Rules Governing the Practice of Psychology under the state of Ohio (Ohio Revised Code, Chapter 4732: Psychologists).

Confidentiality and Release of Information

Any information that you provide during the course of evaluation/treatment is strictly confidential and legally protected as "privileged communication." As such, I will not reveal information to any other person or agency without your written permission, except under the following circumstances:

1. By law I must report to any suspicion of abuse against a child or dependent adult to the appropriate authorities.

2. I am permitted by law to take action to protect you if you become an imminent, life-threatening danger to yourself. Action in this situation may include calling emergency personnel or the police and/or psychiatric hospitalization.

3. By law, if in my opinion you are a serious (life-threatening) and imminent threat to another person/group, I have a duty to take action to protect others from such harm. Such action may include notifying others of such a threat.

4. If I am ordered by a judge in a court of law to reveal information, I must comply.

5. I may consult with other clinicians in order to provide you with the best possible care. I will omit personally identifying information during such consultations.

6. If an insurance or managed care company is paying for part or all of your therapy services, they will be provided with a report if requested and other information necessary (e.g., diagnosis) to secure payment.

7. If participating in couples' therapy, there is no assumption of confidentiality between the parties involved. Concerns about when and how sensitive information will be shared should be discussed with the therapist.

Professional Records and Patient Rights

Law and ethical practice standards require that I keep treatment records. These records are created and stored in a HIPAA-compliant electronic medical record. If you wish to review or request a copy of your records at any time, please let me know and we can further discuss the process. HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. The Notice Form of my Policies and Practices to protect the privacy of your health information is printed on my website at drjillcbaird.com for your review.

Fee Policies

Fees are to be paid in full at the time of your session. This includes insurance co-pays and deductibles. I accept cash, check, credit, debit, and HSA cards. If using out-of-network benefits, you will be responsible for the entire session fee, a portion of which will be reimbursed by your insurance company, according to your insurance benefits, after you submit your claim.

If you have to cancel an appointment for any reason, please contact me no later than 24 hours in advance of your session. I recognize that this is not always possible, and that there will be times when you have to cancel and cannot provide such notice. However, please be aware that a fee of $80 may be assessed for last minute cancellations or missed appointments. Insurance companies will not pay for late cancellations or missed sessions, so, in the event that this occurs, you would be charged directly.

Initial Evaluation (55-60 Minutes) $225
Individual Therapy Session (25-30 Minutes) $80
Individual/Couples Psychotherapy Session (55-60 Minutes) $165
Individual/Couples Psychotherapy Session (75 - 90 Minutes) $225
Telepsychology – Individual Therapy Session (25-30 Minutes) $80
Telepsychology – Initial Evaluation (55-60 Minutes) $225
Telepsychology – Individual/Couples Psychotherapy Session (55-60 Minutes) $165
Telepsychology – Individual/Couples Psychotherapy Session (75 - 90 Minutes) $225
Late Cancellation/Missed Appointment Fee $80

Credit Card Authorization

Credit card information will be stored securely in an electronic billing system and will be used to pay regular session fees, balances due when you are unable to provide payment in person, and to pay overdue balances (no-show fees, fees for services rendered) when you are otherwise unable to be reached for payment. Please provide credit card information below for the card that you would like to have on file for these expenses:

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: _____

Expiration Date: _____ /_____ Security Code: _____

Cardholder's Name: _____

Credit Card Billing Address:

Street:_____City:_____

_____ State: _____ Zip Code: _____ __ - _____

I, _____ (cardholder's/authorized user's name), hereby authorize Dr. Baird to securely store this credit card information and authorize use of this information as stated above.

Covid-19

There is a risk of contracting Covid-19 in any public space, including the therapy office. Precautions you may take to minimize your risk include vaccination, wearing a mask during therapy, practicing social distancing, hand sanitizing (available in the office), and/or virtual sessions. I am vaccinated for my protection and yours and will wear a mask during therapy at your request. Therapy seating arrangements are consistent with social distancing guidelines. If you have a fever, have symptoms of Covid-19, have been in contact with someone who tested positive, or have tested positive yourself, you should not come into the office until you recover and/or have a negative test. Telepsychology services are available if you are not able to come in due to Covid-19 or any other illness. At this time, most insurance carriers are covering all or part of telepsychology services, but that is subject to change by the insurance provider.

Termination of Therapy

Your participation in this therapy is completely voluntary. Either of us may terminate our work together if we believe it is in your best interest. I ask that we meet for at least one session after an agreement to terminate. That session allows us to review our work together, your goals and accomplishments, any further work to be done, and your options for further treatment.

Your signature below signifies that you have read and understand the preceding information and your questions have been answered to your satisfaction.

_____	_____	_____
Signature of client or legal guardian	Printed name of client/legal guardian	Date