

STATE-SPECIFIC ADDENDUM FOR: OHIO

Disclosure Statement

LifeStance's professional staff consists of Psychiatrists, Psychologists, Advanced Practice Nurses, Registered Nurses, Licensed Mental Health Counselors, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Social Workers. The credentials and affiliations of your specific provider are available under the "find a provider menu" here: <https://psychbc.com/>

Patient Rights

1. You are entitled to receive information about your diagnosis, your provider's methods of therapy, techniques used, expected duration of therapy, and the cost of treatment.
2. You can seek a second opinion from another licensed professional, refuse recommended treatment, withdraw consent for treatment or terminate therapy at any time.
3. You are entitled to an explanation of the risks and benefits of treatment and the potential consequences of any decision you may make to decline or stop treatment.
4. Sexual intimacy is not appropriate in the context of a professional relationship and, if it occurs, must be reported to applicable state regulators.

Appointment Cancellation

Regular attendance at scheduled appointments is a key component of successful counseling. If you cannot attend an appointment, you must cancel 48 hours/2 business days in advance to avoid being charged a cancellation fee. Please note that Saturdays, Sundays and national holidays are not considered business days and notice of cancellation provided on those days will be deemed received on the next business day. If we do not receive notice of cancellation sufficiently in advance of your appointment, you will be responsible for the cancellation fee. Our cancellation fees vary by provider and service. This policy will be applied in all circumstances unless prohibited by law or our agreement with your insurer.

Fees

LifeStance maintains a fee schedule for each provider identifying the price of various services. If you have insurance and are receiving service covered by your insurance, the fee schedule may not accurately reflect our agreement with your insurer, which may affect the amount you are responsible for.

Late Cancellation/No Show Appointment Fee

Service	Late Cancellation Fee* (less than 48 business hours)	No Show Appointment Fee*
Appointment (MD)	\$75	\$75
Appointment (NP)	\$75	\$75
Appointment (PHD)	\$75	\$75
Appointment (MS)	\$75	\$75
Testing Appointment	\$200	\$350

Group Therapy	\$75	\$75
TMS	\$75	\$75
Other Potential Fees		
Service	Description	Fee (\$)
Collateral Service (MD)	Participation in meeting or conference, letters, forms	\$25 per 15 minutes
Collateral Service (NP)	Participation in meeting or conference, letters, forms	\$25 per 15 minutes
Collateral Service (PHD)	Participation in meeting or conference, letters, forms	\$25 per 15 minutes
Collateral Service (MS)	Participation in meeting or conference, letters, forms	\$25 per 15 minutes
Legal Fees	Testimony, responding to subpoena, all other legal related work for client or third party	\$300 per hour
Record Release	Medical records request	\$6.50
Prescription Refills	Prescription refill outside of appointment	\$25
Returned Check Fee	Checks returned/unpaid	\$20

*The Company may update these charges from time to time in its sole discretion.

Professional Relationship

To maintain an appropriately professional and therapeutic relationship, LifeStance providers will not socialize or spend time with clients outside of treatment. This also helps to maintain confidentiality for clients regarding their treatment relationship. Mutually respectful engagement is critical to a successful therapeutic relationship. Treatment can be uncomfortable and sometimes can create misunderstandings that lead to hurt feelings. If you have concerns about how your provider is treating you, please raise them and the provider or other LifeStance personnel will address them directly. Similarly, LifeStance does not tolerate rude, disrespectful, threatening or violent behavior. If your behavior causes our staff or professionals concern, we will remind you of our behavior standards. Excessive or repeated violations of these standards may result in transfer or discontinuation of therapy in accordance with applicable legal requirements.

Privacy, Confidentiality and Records

Communications in the context of a therapist-patient relationship are generally confidential and record will be maintained in accordance with the strictest level of confidentiality applicable under federal or state law. This means that your provider generally cannot be required to disclose information about you or your care without your consent. Nonetheless, these laws provide numerous exceptions to confidentiality of information where information may be disclosed. Some of the most common situations where this can occur include the following:

- The patient signs a Release of Information permitting disclosure to a specific person, organization or group of persons;
- A professional determines that a patient poses a significant and immediate threat of harm to themselves, another identifiable person, or national security;
- A judge issues a court order requiring the disclosure of client records;
- A professional suspects that child or elder abuse or neglect has occurred;
- Criminal or delinquency proceedings where assessment or therapy is ordered by the court;
- You are determined to be gravely disabled due to a mental disorder.

In addition, it may be necessary to share information or records with other providers as part of your treatment or if you transfer your care.

Records of your sessions, communications with and other documentation regarding your relationship with your treating provider will be maintained during treatment and after for the time period required by law. Records for couples seeking counseling as a couple will be maintained in a single record under the name of the financially responsible member. In the event that the financially responsible member is also, separately, a client receiving treatment as an individual, the record will be segregated and the other member of the couple will be able to access only the records from joint sessions.

Emergency Services

LifeStance does not provide emergency services. If you find yourself or a family member in a life-threatening situation, call 911 or go to an emergency room (at your cost).

Ohio Suicide Hotline: 800-273-8255

Cleveland Clinic Mental Health Inpatient/Crisis Team: 216-623-6888

Kettering Behavioral Medicine Center: 937-534-4600

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____