

Matt McTeague
MSW, LISW
1115 Bethel Road
Columbus, Ohio 43220

INFORMATION & CONSENT

Thank you for selecting me as your counselor and I look forward to working with you. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

Philosophy

We all struggle with life and life's uncertainties. It can be helpful to talk with a licensed professional during this time. I utilize a multi-faceted approach that includes various types of therapeutic interventions including cognitive behavioral, strength based person-first and a reality based psychodynamic style that is directive and at times may require effort and work outside of the session. All of my services will be provided in an ethical and professional manner. Although I cannot guarantee the end result from our working together, I am certain we will work together to find the best possible outcome.

Professional Disclosure Statement

I am licensed by the State of Ohio as a Licensed Independent Social Worker (LISW) license #I.1801226, and hold a master's degree in Social Work (MSW) from The Ohio State University. My counseling practice includes serving individual adults, families, and adolescents/teens. My areas of competence are mental health and substance abuse/dependence counseling, diagnosis and treatment. This information is required by the Counselor and Social Worker Board which regulates all licensed and registered counselors and socialworkers. (The Ohio Counselor and Social Worker Board, 77 South High Street, 16th Floor, Columbus, Ohio 43266-0340)

Confidentiality

I will keep confident anything you say to me and all documents which result from our work together, with the following exceptions: (1) you direct me in writing to exchange information with someone else, (2) I determine that you are in danger to yourself or others, (3) I suspect child or elder abuse or neglect, or (4) I am ordered by a court to disclose that information.

Grievance Procedure

If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaint to the State of Ohio Counselor and Social Worker Board in Columbus, Ohio.

How The Counseling Process Works

Counseling is a collaboration between you and I for the purpose of addressing personal, relational and mental health issues. I will provide you with a safe and confidential space to open up, share and discover your true self. I will help to encourage personal development and support you on your journey to be the best possible you that you can, and deserve, to be. Together we will discover what behavioral changes are needed to bolster positive changes in your life. We will explore new ways to alleviate unnecessary stressors and concerns in your life that will lead to positive change and the development of previously unrecognized coping strategies. I will make suggestions for outside reading and/or make referrals to other helping professionals if needed. Sessions last between 53-60 minutes and are usually scheduled once a week at the onset of therapy and can change to bi-weekly as you develop new skills to negotiate your life.

Therapy Fee Schedule

The fee schedule for my services follows:

	Self Pay	Insurance
Initial Assessment	\$115.00 (60 minutes)	\$160
Individual or Family Session	\$75-\$110 (Sliding Fee Scale 60 minutes)	\$125

Payment

You may self-pay in full for services or request that I submit claims to your insurance company for consideration under your non-network benefits. In the case of Non-Network Insurance Billing, you are expected to pay the percentage of the bill that insurance company will not cover.

Currently I am working on becoming panelled to accept insurance, however at this time I am unable to accept insurance and my fees are reflective of that. If payment of the fee schedule above is a hardship, please let me know and we can talk about a different arrangement.

Otherwise payment is expected at the time of service. If you have concerns, questions or issues that arise related to billing services, you may e-mail me at matt@mattmcteague.com

Cancellation of Appointments

If it becomes necessary for you to cancel a scheduled appointment, I ask that you provide me with 24 hours notice. If you miss a scheduled appointment without giving 24 hours notice, you will be charged half the normal rate.

Payment may be made by check or money order payable to: Matt McTeague Counseling, LLC, Venmo or Paypal.

Visa/Mastercard/Discover - For the convenience of my clients.

Returned Checks - Checks returned will be subject to a \$25.00 charge plus the fee for services rendered.

Diagnosis - It is important that you know that insurance companies require that I diagnose your mental condition and indicate that you have an 'illness' before they will agree to reimburse; at this time that is not an issue. However, in the event a diagnosis is required, I will inform you of the diagnosis plan to state on the receipt for services. Any diagnosis made will become a part of your permanent insurance and medical record. Please sign and date this form confirming that you understand and accept its contents.

Client Name (Please Print)

Client Signature

Date

Parent/Responsible Party (Please Print)

Parent/Responsible Party Signature Date

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