

Molly M. Fields, PCC-S, LSW  
1115 Bethel Road, Suite 203  
Columbus, Ohio 43220

## INFORMATION & CONSENT

I appreciate you selecting me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

### Philosophy

I believe in the importance of finding, developing, and ultimately appreciating and utilizing the unique, inherent, and valuable qualities in each of us. My position on human beings is that we all have within us, the capacity for change and growth. My philosophy is that sometimes events that occur in our past and present lives have such a significant impact on us that we become confused and unsure about ourselves, our relationships with others, and the direction we want our lives to go in. It can be helpful to talk with a licensed professional during this time of confusion and uncertainty. I have a cognitive behavioral and psychodynamic therapeutic style that is directive and at times may require effort and work outside of the session. My services will be provided in an ethical and professional manner. Although I cannot guarantee any specific result regarding your therapeutic goals, I can assure you that together we will work to realize the best possible outcome.

### Professional Disclosure Statement

I am licensed by the State of Ohio as a Professional Clinical Counselor (PCC) license #E0007858 and a Licensed Social Worker (LSW) license #S-0022957, and hold a master's degree (MSEd) in Counseling from The University of Dayton. My counseling practice includes serving individual adults, families, adolescents, and children. My areas of competence are personal and social counseling, diagnosis and treatment of mental and emotional disorders, and consultation. This information is required by the Counselor and Social Worker Board which regulates all licensed and registered counselors and social workers. (The Ohio Counselor and Social Worker Board, 77 South High Street, 16<sup>th</sup> 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 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 problems. I will provide you with a forum for confidential disclosure, support, diagnostic information and other forms of feedback, a plan of treatment, ideas for alleviating your concerns, encouragement for behavioral change, strategies for managing difficult relationships, suggestions for reading/education and referrals to other helping professionals if needed. Sessions last 60 minutes and are usually scheduled once a week. I also carry a pager in case emergency contact is needed.

### Therapy Fee Schedule

The fee schedule for my services follows. 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. The only panel that I am able to bill in network for is OSU and Medical Mutual. My fees for billing your insurance carrier are adjusted to cover the cost of administrative paperwork, coordination of claims payments, and charges I incur from my billing service.

	Self Pay	Insurance
Initial Assessment (60 minutes, 90791)	\$120.00	\$150.00
Individual or Family Session (60 minutes, 90837)	\$80-\$100 ( Sliding Fee Scale)	\$120.00

### 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

Using in-network insurance benefits you are expected to pay your co-pay and or deductible at the time of service. Additionally it is required that you must be aware of your insurance information including benefit information. This includes knowledge of your deductible, co-pay and any percentage not covered by your insurance. Any amount not paid by insurance will be your responsibility if you select to use your insurance. In the case of Non-Network Insurance Billing, you are expected to pay the percentage of the bill that insurance company will not cover. If you are self pay and 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 [mollymfields@yahoo.com](mailto:mollymfields@yahoo.com).

