

## **PBJ Connections Policy Information**

**General Payment Policy:** PBJ Connections, Inc. expects payment at the time of service. Checks, credit cards and cash are accepted. Payment plans and scholarship funding must be discussed and agreed upon prior to starting services. There is a \$35 service charge on all returned checks. For grant-funded or subsidized clients, this payment policy applies to the missed appointment or late cancellation fees, should a client miss or late cancel appointments. You will be asked to put a credit card on file that will be run at the time of the session or missed appointment for any fees incurred.

**Rates:** Individual or family equine assisted therapy sessions are charged at a rate of \$205 per session. Office based sessions are charged at a rate of \$135 per session. Group therapy rates are charged at a rate of \$60 per session. Intake meetings are billed at \$170. If the client will be applying for scholarship funding the intake will be charged at the amount the client is committing to contribute for each session. If the client has applied for and is receiving scholarship funding, the client is responsible for their portion of the session fee when services are rendered unless other arrangements are made prior to the session. No show or late cancellation appointments will be billed to the client/parent at a rate of \$50 per no show or late cancellation unless this is disallowed by the client's insurance company contract. It is the client's responsibility to pay for all copays, co-insurance fees, and deductibles as mandated by the client's insurance company contract. It is the client's responsibility to know if they have met their deductible for the year.

**Third-Party Billing:** In some cases, PBJ Connections, Inc. may find it necessary, or may be required by law or rules governing your services payee to communicate, bill, or facilitate claims processing. By signing this agreement, you are granting release of information rights to PBJ Connections, Inc., its staff, and its contractors to provide data necessary to process claims or facilitate receipt of payment. PBJ Connections is working with GreenPointMed to collect insurance payments and co-pays. They can be reached at <https://www.greenpointmed.com/contact-us/> or at (877) 277-5144 or (561) 717-0211. Billing and records are managed through a secure electronic health records system and clearinghouse, *Therapy Notes*.

**Appointment Cancellation Policy:** "No Shows" are defined as any occasion in which a client does not come for a scheduled appointment and does not contact the office with advance notice. "Late Cancellations" are any appointment cancelled within 24 hours of the scheduled appointment time. Please make every effort to keep your appointment. Your session is usually blocked out on our appointment book as a 60 minute session. It is your time and seldom if ever can a session be filled at the last minute. Therefore, you will be billed \$50 in the event of a No Show or Late Cancellation. These charges must be paid by you and should be paid upon receipt of notice of the no show appointment or late cancellation. If you have a Medicaid-based insurance, we are contracted by your insurance and unable to charge you the \$50 no-show/late cancellation fee.

If there are 3 No Show Appointments and/or Late Cancellations within a 6 month time period, PBJ Connections reserves the right to terminate services.

**Release of Medical Information to PBJ Connections, Inc., staff, and contractors:** By signing this agreement you understand that your private medical information acquired by PBJ Connections, including medical records created by PBJ Connections, may be viewed/shared within the organization to appropriate members, including the equine specialist, the clinical supervisor, Executive Director, Assistant Director, GreenPointMed, and your third-party payer as requested. This information may be provided to individuals involved in your care, treatment planning, equine assisted therapy activities, or

related clinical services. Your information will not be shared with other parties outside of the organization and its pertinent partners (such as billing and insurance professionals) unless related to one of the situations relayed below:

- **Consent for Release of Information:** If you sign the form titled “Consent for Release of Information”, PBJ Connections is able to share your confidential information with the party for whom you signed the form and no others except as stated above.
- **Privacy Policies:** All sessions and their content, as well as the client’s records will be kept strictly confidential. To the extent possible, clients will be informed before confidential information is disclosed, and in that event only the essential information will be revealed. Clients may request restrictions on the uses or disclosures of Protected Health Information, with the exceptions listed below. The only times a client’s records may be shared without your consent are: 1) Client is in danger to self or others, 2) Therapist has knowledge of client being abused or neglected and/or 3) Disclosure is required by the court.
- **Requesting Copies of Records:** Adult clients, minor clients’ parents or legal guardians may request, as allowed by law, copies of the client’s PBJ Connections mental and behavioral health records. PBJ Connections provides records free of charge for four or less pages, and at a fee of \$10 for five or more pages.
- **Request for Subpoena:** PBJ Connections charges \$50 per hour with a \$200 minimum for a subpoena to appear in court. Subpoenas must be delivered by appropriate means by the court or legal team.

**Informed Consent:** It is our duty to inform you of the following potential violations to your privacy:

- **Email and text communications** are not considered HIPAA compliant and have the potential of being intercepted or read by unintended parties. Though all security precautions are taken to the best of our abilities, we are not able to guarantee that email/text communications are secure. If you choose to communicate with your therapist/PBJ Connections in this manner, we will accept the communication and our responses will be limited and make every effort to minimize content that may violate your privacy. The most secure methods of communication are phone, fax, in-person communications, and communications through the *Patient Portal*.
- **Security/Surveillance** cameras may be in use at the Equine Facilities where you may be having equine assisted psychotherapy sessions. PBJ Connections makes every effort to make sure your sessions are not viewed by outside parties. Please inform your treatment team if you are uncomfortable with camera usage and additional efforts will be taken to ensure your privacy. Camera usage is as follows:
  - **PBJ Dressage:** Non-recording cameras are in use viewing the parking area, the barn aisle, and the last two stalls in the barn. Footage is only live and can only be viewed by persons logged on at that time. Footage is not streamed online and is on a closed system. The only access to the system is by horse care professionals affiliated with the facility.
  - **Taco Bella Farm:** A recording camera is in use viewing the barn aisle and stalls. Footage is stored for five days on an internal system that is password protected and only accessible to the farm owners.

- **The OSU Equine Facility:** To the best of our knowledge, there are surveillance cameras in the foaling stalls at this facility. These cameras may be recording and there may be other security cameras in use at the facility. Ohio State University equine care professionals and Ohio State University police may have access to these recordings, which may be used as evidence in cases of criminal misconduct.
- **Equine assisted psychotherapy** sessions take place at private equine facilities where other persons, not affiliated with PBJ Connections, may be present. Every effort is taken to ensure your privacy including informing other persons of the nature of our work and need for privacy, use of privacy signs, and mindful placement of sessions to create adequate space between your session and others at the facility. There is a risk that persons not affiliated with PBJ Connections may see you or overhear conversations despite these efforts being taken. Your treatment team will be diligently aware of where other persons are at these equine facilities, but please inform your treatment team if you ever feel uncomfortable in a given space.

**Equine Assisted Psychotherapy (EAP):** EAGALA model equine assisted psychotherapy may be provided to you through PBJ Connections. This model of therapy includes a team of a licensed mental health professional, a trained equine specialist, following a code of ethics, and is solution-oriented in nature. This model of therapy is experiential and can be highly effective for some, though not all, participants. You will be exposed to the venue of a barn environment and have direct interaction with equines if you choose to participate in this form of therapy. You will need to sign additional liability consent forms explaining that horses are large, potentially dangerous animals and that the State of Ohio recognizes you are taking on this additional risk by signing form titled “Liability Form”, whether for yourself or for your minor child. It is possible that your insurance may specifically exclude EAP and we will do our best to inform you of this prior to commencing sessions. Your insurance will not cover the additional cost of the equine specialist or the horses, so PBJ Connections has an additional \$70 fee per session affiliated with this treatment. You have equal access to EAP treatment regardless of your ability to pay any portion of this fee by completing the “Fees and Scholarship Form” and discussing this with your therapist. No person will be turned away from EAP treatment for needing scholarship funds to assist with this additional fee. This fee is above and beyond any copays or deductible amounts your medical insurance may require you to pay.

**Emergency Policy:** In the case of an emergency, go to the nearest Emergency Room or call 911. In Franklin County, call (614) 722-1800 for youth and adolescents 17 and under. Ages 18 and older should call (614) 276-2273 if there is a behavioral health crisis. If you are in Licking County you may call 211. PBJ Connections does not provide 24 hour crisis care or psychiatric services (medication management). Your therapist may or may not give you additional access to them outside of session hours for additional support. Other numbers that may be helpful to you are:

- Suicide Prevention Hotline (800) 273-8255
- Suicide Text Prevention Hotline Text CONNECT to 741741
- Franklin County Children’s Services (614) 229-7000
- Licking County Children’s Services (740) 670-8888
- Knox County Children’s Services (740) 397-7177
- Fairfield County Children’s Services (740) 652-7887

### **Methods of Payment:**

**Private Pay Clients:** Cash, credit card or check payment for individual, family or group sessions is due at the time of service.

**Private Insurance:** Your insurance company may cover all or part of the cost of services. You are responsible for the balance of the rate contracted by your insurance company, including copays, co-insurance, and the full deductible amount.

**PASSS Funding or Other County Funding:** County funding is available to eligible clients on a case by case basis. We will work with you to obtain this funding if you think you are eligible.

**Sliding Scale Fee & Scholarship information is available:** The scholarship form must be completed and submitted prior to services. This information will be approved by the Board of Directors on an individual basis. Client medical information will not be shared with the Board.

**Contact Information:**

PBJ Connections, Inc.  
9734 Jug Street Rd.  
Pataskala, OH 43062  
Phone: 740-924-7543  
Fax: 740-924-2002  
Email: [info@pbjconnections.org](mailto:info@pbjconnections.org)

**PBJ Connections, Inc.**  
**Notice of Privacy Practices**  
**Effective October 15, 2006**

**This notice describes how medical information about you may be used and disclosed, and how you can get access to your health information.**

**Protecting your privacy**

Protecting your privacy and your medical information is at the core of our business. We recognize our legal and ethical obligation to keep your information secure and confidential whether on paper, oral, or in an electronic form.

**How we might use your medical information**

We will use your medical information for providing treatment, such as by looking at your records to use your medical history for current treatment; and/or payment, such as when a payer requests copies of your medical information to pay a claim; and/or for healthcare operations, such as for internal auditing. We may contact you to help provide you with information concerning your health. We may also contact you to remind you of an upcoming appointment, taking care not to reveal any of your medical information. You have a right to ask us not to contact you using this method. I understand that as a part of my healthcare, PBJ Connections, Inc. originates and maintains health records describing my health history, symptoms, examination on test results, diagnosis, treatment, and any plans for future care or treatment for up to seven years after the date of my last session at PBJ Connections, Inc. I understand that this information serves as a basis for planning my care and treatment, a means of communication among the many health professionals who contribute to my care, a means by which a third-party payer can verify that services billed were actually provided, and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

**The following circumstances may also require us to use or disclose your health information without your consent or authorization:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
5. We will only make disclosures to a person or organization able to help prevent the threat.
6. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
7. To federal officials for intelligence and national security activities authorized by law.

8. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
9. For Workers Compensation or similar programs.

### **Your rights regarding your health information**

1. You can request that PBJ Connections, Inc. communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have a right to ask for a complete accounting of disclosures that were not authorized or otherwise permitted as listed above. You may revoke your authorization to disclose your medical information at any time.
4. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. In order to receive a copy of your records, PBJ Connections will charge you \$10 if the request is for more than four (4) pages. The request should be made in writing to PBJ Connections, Inc., Executive Director. Before receiving your records, you must make an appointment with your therapist, so she can go over your records with you, in case you have any questions.
5. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for PBJ Connections, Inc. To request an amendment, your request must be made in writing and submitted to PBJ Connections, Inc., Executive Director. You must provide us with a reason that supports your request for amendment.
6. You have a right to receive a copy of the Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. PBJ Connections, Inc. reserves the right to change their notice and practices and if the terms do change, you may obtain a revised Notice by contacting PBJ Connections, Inc., or by asking the therapist.
7. You have a right to file a complaint. If you believe that your privacy rights have been violated, you may file a complaint with (1) PBJ Connections, Inc. or with (2) the Secretary of the Department of Health and Human Services. Both addresses are provided at the bottom of this form. All complaints must be submitted in writing. To file a complaint with PBJ Connections, Inc., contact the Executive Director. You will not be penalized for filing a complaint.
8. You have a right to provide an authorization for other uses and disclosures. PBJ Connections, Inc. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If you have any questions

about this notice or our health information privacy practices, please contact PBJ Connections, Inc.

PBJ Connections, Inc.  
9734 Jug Street Rd.  
Pataskala, OH 43062  
Phone: (740) 924-7543  
Fax: (740)-924-2002

US Dept. of Health and Human Services  
200 Independence Avenue, S.W.  
Washington DC, 20201  
Phone: (202) 619-0257  
Web site: [www.hhs.gov/](http://www.hhs.gov/)

## **PBJ Connections, Inc. Client Rights and Responsibilities**

### **Client Rights**

- To receive considerate and respectful services.
- To receive services which demonstrate sensitivity to and respect for diverse cultural backgrounds.
- To receive services without regard to ethnicity, sex, age, handicapping condition, national origin, sexual orientation, or economic status.
- To receive current and complete information concerning his/her diagnosis, treatment, and prognosis in terms he/she can understand from the members of the professional staff assigned to his/her case.
- To know by name, specialty, and qualifications the members of staff assigned to his/her case.
- To have the considerations of privacy and individuality as it relates to social, religious and psychological well-being.
- To have the respectfulness and privacy as it relates to his/her individual care program. Case discussion, consultation, examination, and treatment are confidential and are conducted discreetly.
- To obtain information on the relationship of PBJ Connections, Inc. to other health care and related agencies insofar as his/her care is concerned.
- To be fully informed, prior to or at the time of his/her initial appointment, of services available, and of related charges.
- To participate in the planning of his/her treatment, to be fully informed of any risks or hazards associated with his/her treatment, to refuse treatment, and to refuse to participate in experimental research.
- To not be arbitrarily discharged, or transferred to another service provider. Clients may be transferred or discharged only for clinical reasons, for his/her welfare, for other clients' welfare, for nonpayment of services. Reasonable advance notice of any discharge must be given to a family/client.
- To be encouraged and assisted to understand and exercise his/her rights and, to this end, have the right to voice grievances and recommend changes in policies and services to PBJ Connections, Inc. staff and outside representatives of his/her choice, free from restraint, interference, coercion, discrimination, or reprisal.
- To be free from mental and physical abuse, neglect, and exploitation and be free from chemical and physical restraints, except in emergencies, or as authorized in writing by his/her physician or other appropriately licensed professional for a specified and limited period of time, and when necessary to protect the client from injury to him/herself or to others.
- No client/family shall be required to provide services for PBJ Connections, Inc.
- To have the assurance of confidential treatment of his/her clinical records and may approve or refuse their release to any individual outside of PBJ Connections, Inc. except as otherwise provided by law, or a third party payment contract.
- To expect reasonable continuity of care.

## **Client Responsibilities**

- To keep appointments or notify PBJ Connections, Inc. of necessary cancellations 24 hours in advance.
- To pay for services to the extent that he/she is able. Services may be refused if a client/family is capable but unwilling to pay. PBJ Connections, Inc. has a sliding fee scale based on family income, but reserves the right to approve or deny additional funding on a case by case basis.
- To inform PBJ Connections, Inc. of relevant changes in location or status-address, telephone number, payment coverage, etc.
- To follow through on service plan recommendations and procedures to which he/she has agreed or to specifically communicate his/her withdrawal of consent to the therapist.
- To respect the privacy, safety, and property of others.

**To report any problems or changes, please contact your therapist.  
If you believe you have been denied any of the above, you may contact PBJ  
Connections, Inc. by mail at 9734 Jug Street Rd. Pataskala, OH 43062.**



**PAYMENT AGREEMENT**

I, \_\_\_\_\_ (name of adult client or guardian of minor client) agree to pay PBJ Connections, Inc. at the current rate for services provided to me (or the client named above for whom I have legal responsibility). I understand that I am responsible for these charges and that **fees are due at the time service is provided**, unless I make arrangements in advance. If grant-funded, these policies only apply to late cancellation/missed appointment fees. I understand that by signing I am acknowledging that I have been given and understand the PBJ Connection, Inc. Policy Information, including that I may be charged a \$50 late cancel/no show fee for sessions cancelled without 24 hours notice. I understand that I am responsible for the full rate contracted by my insurance company (if applicable) including copays, co-insurance, and deductibles.

\_\_\_\_\_  
Client or Guardian Signature                                  Date

**CONSENT FOR TREATMENT**

By signing, I give consent to receive ongoing outpatient treatment for myself, my child, or my family at PBJ Connections, Inc.

I am signing on behalf of:

- Myself
- My Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name (If applicable)

**Privacy Notice and Policy Information**

I have read, or have had read to me, and understand the Privacy Notice in its entirety (4 pages) and the Policy Information in its entirety (4 pages) and I have been offered a copy of both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date