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Referral Policy

Effective Date: January 1, 2023

At Jackson Ilyas Therapy Solutions, we are dedicated to providing the best possible care to our clients. In certain cases, it may be necessary or beneficial to refer clients to additional resources or specialists to address needs beyond the scope of our practice. This Referral Policy outlines the process for referring clients to other professionals or services, ensuring that clients receive the comprehensive support they need for their mental and emotional well-being.

1. Purpose of Referrals

Referrals may be made when:

- A client's needs exceed the therapist's scope of expertise or practice.
- The client requires a higher level of care, such as hospitalization, specialized treatment, or intensive services.
- A client requires additional services such as medical evaluations, legal assistance, or community resources.
- The client would benefit from adjunct services (e.g., group therapy, support groups, or family therapy).

2. Referral Process**Identification of Need for Referral:**

- During the course of therapy, the therapist may recognize that the client's needs are beyond the scope of their current therapeutic services. In such cases, the therapist will discuss the option of referral with the client, explaining the rationale for the referral and how it can enhance the client's treatment.

Referral Discussion:

- The therapist will provide information about appropriate resources, such as specialists, clinics, or treatment centers that are best suited to the client's needs.
- The therapist will ensure that the client understands why the referral is being made and will answer any questions the client may have about the process.

Client Consent:

- Referrals are generally made with the client's consent. In some cases, particularly if there is a safety concern (e.g., suicidal ideation, self-harm), a referral may be made without the client's explicit consent, though the therapist will still attempt to communicate openly with the client about the need for additional support.

Referral to Appropriate Providers:

- Referrals will be made to qualified professionals or agencies, based on the client's specific needs. These may include, but are not limited to:
 - Psychiatric care or medication management (e.g., psychiatrists, nurse practitioners)
 - Specialized therapy services (e.g., trauma-focused therapy, EMDR, CBT specialists)
 - Substance abuse treatment (e.g., outpatient or inpatient rehab)
 - Medical care (e.g., general practitioners, specialists)
 - Legal or financial assistance (e.g., attorneys, financial counselors)
 - Crisis intervention services (e.g., hospitals, crisis lines)
 - Support groups and community resources (e.g., domestic violence shelters, support groups for chronic illness)

Coordination of Care:

- If the client agrees, the therapist may coordinate with the referred provider to ensure a smooth transition of care. This may involve sharing relevant clinical information, with the client's consent, to ensure continuity and collaboration in the treatment process.

3. Confidentiality and Release of Information

- **Consent to Release Information:** A signed release of information will be required before sharing any confidential client information with another professional or service provider, unless there is an emergency or legal exception.
- **Confidentiality:** All referrals will be made in accordance with confidentiality laws, including the Health Insurance Portability and Accountability Act (HIPAA). Any communication between providers will be conducted securely and with client consent.

4. Types of Referrals

Therapeutic Referrals:

- If the client requires specialized therapy (e.g., trauma-focused therapy, family therapy, couples counseling), the therapist will refer to a qualified professional who has experience in the relevant therapeutic modalities.

Medical Referrals:

- Clients experiencing symptoms that may be linked to medical conditions (e.g., depression with possible underlying medical causes) may be referred to a physician, psychiatrist, or other healthcare provider for further evaluation.

Psychiatric or Medication Management Referrals:

- If medication may be beneficial to the client's treatment (e.g., antidepressants, mood stabilizers), the therapist may refer the client to a psychiatrist or psychiatric nurse practitioner for an evaluation and medication management.

Emergency or Crisis Referrals:

- If a client is in immediate danger of harm to themselves or others, they will be referred to emergency services (e.g., 911, a local hospital, or a crisis intervention center).

Community or Support Services Referrals:

- If a client is in need of community resources or support groups, referrals will be provided to appropriate local agencies, organizations, or peer support services.

5. Follow-Up After Referral

- **Client Follow-Up:** The therapist may follow up with the client after a referral to ensure that they have received the recommended care and support. This follow-up may involve checking in on the client's progress with the referral or offering additional resources if needed.
- **Collaborative Care:** With the client's permission, the therapist may contact the referred provider to discuss the client's care and ensure continuity in the treatment process.

6. Costs and Insurance

- The therapist will provide information about the costs of referral services and whether they are covered by the client's insurance plan. If needed, the therapist may help the client navigate insurance options for obtaining the recommended care.

7. Referrals for Clients Not a Good Fit for the Practice

In some cases, the therapist may determine that the client is not a good fit for the therapeutic approach or services provided by the practice. If this is the case, the therapist will:

- Discuss the reasons for the recommendation with the client.
- Provide a referral to another professional who may better meet the client's needs.
- Assist with the transition to another therapist or treatment provider, as appropriate.

8. Client Responsibilities

Clients are encouraged to actively participate in the referral process by:

- Asking questions about the referral and understanding the reasons behind it.

- Taking the necessary steps to follow through with the referral.
- Informing the therapist about any challenges or concerns in accessing the recommended services.

Acknowledgment of Referral Policy:

By signing below, you acknowledge that you have received, read, and understood the Referral Policy. You also understand that referrals may be made when necessary to best support your needs and that you will be involved in the referral process.

Client Name: _____

Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____

Feel free to modify this referral policy according to the needs of your practice and the specific resources available to your clients.