

Agreements Related to Therapy

CONSENT TO TREAT

In signing this form, I, _____ (print name), understand and consent to counseling for myself and/or the minor children _____ for whom I am parent or legal guardian, within the following parameters:

The goals of counseling and psychotherapy are focused on supporting the individual and/or family through the processes associated with life transitions and relationships. The relationship with a counselor is collaborative. My counselor and I work together toward developing and meeting individualized goals and objectives. I may be referred to other professionals if my needs go beyond this scope.

I understand that the process of change during counseling may bring about unexpected results. There are risks and benefits that occur with change and I understand that I can seek guidance from and provide feedback to my counselor about my experience.

Counseling is voluntary and can be initiated and terminated at will by me.

_____ (initials)

CONFIDENTIALITY – Notice of Privacy Practices

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is

required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult) or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers, documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Additionally, federal privacy regulations known as the Health Insurance Portability and Accountability Act (HIPAA, eff. Date April 14, 2003) allow me to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services provided, and for other professional activities (known as "health care operations"), including how to access your health information.

Nevertheless, I will ask for your consent in order to make this information explicit.

My commitment to your privacy

"I am dedicated to maintaining the privacy of your health information."

Being required by law to maintain the confidentiality of your health information. I am also required to provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require me to use or disclose your health information:

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, for example by subpoena.
4. When necessary to reduce or prevent a serious threat to your health or safety or the health and safety of another individual or the public. I will only make disclosures to another person or organization able to help prevent the threat.
5. If you are a member of the U.S. or foreign military forces (including veterans) and if required by appropriate authorities for national security.
6. To federal officials for intelligence or national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For lawsuits or claims for Workers Compensation and similar programs.

Please note: Your health information does not include progress notes and are therefore not subject to disclosure to an outside party.

Additional disclosures:

1. To obtain payment for treatment from your insurance company or health plan.
2. To disclose health information to others without your consent if you are incapacitated or if an emergency occurs.
3. To remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that may be of interest to you.

Your rights regarding your health information

1. Communications: You can request that I communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that I contact you at home instead of at work. I will accommodate all reasonable requests.

2. Restrictions: You can request a restriction in the use or disclosure of your health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that I restrict disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members or friends. If you are referred to a physician or if I refer you to a physician for additional care, disclosure of your health information will most likely be made to that physician. I am not required to agree to a request not to do so; however, if I do agree, I am bound by this agreement except when required by law, in emergencies, or when the information is necessary to treat you.
3. An accounting of disclosures: You can request to receive an accounting of certain disclosures of your health information I have made, if any.
4. Receiving a copy of your health records. You can inspect and receive a copy of your health information that may be used to make decisions about your care, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing. I will respond to your request within 30 days. In certain situations, I may deny your request, and if I do, I will explain the reasons for the denial and explain your right to have the denial reviewed. Also, instead of providing the health information you request, you may be provided with a summary or explanation as long as you agree to receive one. I hold records for seven (7) years or until age 19, whichever is later.
5. Amending your health information: You may ask me to amend your health information if you believe it is incorrect or incomplete. To request an amendment, you must provide the request and your reason for the request in writing. I will respond within 60 days. I may deny the request in writing if I feel your health information is correct and complete, are not part of my records, or may cause you harm. I will state the reasons for a denial and explain that your request and denial be attached to all future disclosures. If I approve your request, I will make the change and inform you that it has been done.
6. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask me to give you a copy at any time.
7. If you believe that your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.
8. I will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law.

9. I reserve the right to change this notice in the future, and before any important changes to my policies are made, I will promptly change this Notice and offer you a new copy of the policy.

I agree to the above limits of confidentiality and understand their meanings and ramifications. _____ (initials)

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment.

A full fee is charged for missed appointments or no-show cancellations with less than a 24 hour notice. This fee can be waived at the discretion of the therapist due to illness or an emergency.

Thank you for your consideration regarding this important matter.

I agree to the above cancellation policy. _____ (initials)

FEE ACKNOWLEDGMENT AND AGREEMENT

In addition to weekly appointments, the hourly fee (**\$125.00**) is charged for other professional services you may need, though I will break down the hourly cost if I work for periods of less or more than one hour. Other services include report writing, reading and responding to emails and text messages, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries and the time spent performing any other service you may request of me. These additional services are billed at the normal hourly rate based on 6 minute intervals. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge **\$175.00** per hour for preparation and attendance at any legal proceedings.]

