

Client Inform & Consent
HIPPA/HITECH Acknowledge of Receipt

SR Counseling Services

117 N Frost Pampa, TX 79065 806-662-2616

**Sara Richison MA, LPC-A
Supervised by Lisa Gibson M.Ed., LPC-S**

Client Name: _____

Client DOB _____

Counselor

Your counselor is an LPC Associate, who is supervised by Lisa Gibson, M.Ed., LPC-S. Your counselor has met the requirements by the State of Texas under the occupations code, chapter 503 that allows them to provide individual, couples, family, and group services. Your counselor has a master's degree level and may have additional credentials. Their approach is an empathetic talk therapy approach that incorporates multiple therapeutic interventions such as Family Systems, Marital (if married), Contextual, Cognitive/Behavioral, Solution Focused, Emotion Focused, Reality Therapy Models, and Restoration Therapy.

Confidentiality

Your counselor follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standard to keep our records of your counseling. These records and the information you share are carefully guarded with the exceptions noted in our "Notice to Privacy Practices" provided to you. However, it is Texas law that all counselors have a duty to warn and protect the appropriate individuals if the counselee intends to take harmful, dangerous, or criminal actions against themselves or someone around them. Possible exceptions to the confidentiality include but are not limited to the following situations: Counselors are also mandated to report any suicide attempts, incidences of "reasonably suspected child abuse" (physical or sexual), elderly or disabled abuse, abuse of patients in mental health facilities, sexual exploitation, AIDS/HIV infection and possible transmission, criminal prosecutions, child custody cases, suites in which the mental health of a party is an issue to the Department of Social Services and/or the Police Department.

Situations where the Counselor has a duty to disclose, or where in the Counselor's judgment, it is necessary to warn or disclose are fee disputes between the Counselor and the Client, a negligence suit brought by the client against the counselor, of the filing of a complaint with the licensing or certifying board. Your counselor may occasionally find it helpful to consult about your case with other professionals and if this should arise, your identity will not be revealed. In addition to your confidentiality being important to your counselor, they are ethically bound to keep the information confidential. If you should meet a member of our staff and/or counselor

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in public, please know they will not acknowledge you unless you initiate contact. It is preferred that you decide whether or not to disclose your acquaintance to others.

Incapacity or Death

In the event of the incapacitation or death of your therapist, it will be necessary to assign your case to another counselor and for that counselor to have possession of your treatment records. By your signature on this form, you are consenting to another LPC/LPC-Supervisor, LMFT, LPC-Intern within our practice to take possession of your records or to deliver them to another LPC/LPC-Supervisor, LPC Intern of your choosing.

Video Taping

In order to provide the highest level of care to clients, your counselor may video/audio tape your sessions for review and consultation. Again, this information will be kept confidential, and you will be informed if this should take place.

Minors

Minors must have parental consent for counseling with the exception that the client: is 16 years of age or older and resides apart from the parents/guardians and manages his/her own financial affairs; is thinking about suicide; has concerns about alcohol or drug addiction/dependency; or is being sexually, physically, or emotionally abused. Consenting parents have the right to examine the treatment records of children under the age of 18; however, in order that minors may have the trust of a protected environment, it is your counselor's practice to ask parents to forego that right (they are willing to discuss progress with the parent/guardian) with the exception of extreme circumstances (see confidentiality above).

At the termination of treatment and upon request, your Counselor will provide the parent(s)/guardian(s) with a summary of treatment. It is important to note that in the state of Texas children under 17 may not have consensual sex (by law it is considered indecency with a child and therefore "child abuse") and the state requires a therapist to breach confidentiality and report such activity to Child Protective Services. If your counselor is required to make such a report to CPS about your child, you will be informed as well.

In situations where the minor's parents are divorced, it is required to have BOTH parents consent before entering in a counseling relationship with the minor and to have the most recent child custody arrangement on file.

Formal psychological testing will not be performed; in the event this is needed, referral to a psychologist will be needed.

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Confidentiality of All Electronic Communications

This includes but is not limited to the following: Email, Skype (or any other face time service), chat, mobile devices, cell phones or fax. Please know our office will maintain your confidentiality to the best of our ability; however, we cannot guarantee this with any electronic communication.

If you choose to email me from your personal email account, please limit the contents to pragmatic issues such as cancellation or change in contact information. If choose to include personal and/or clinical concerns, please know you may be charged applicable fees for a session.

In the event you are contacted or place a call to our staff, please be aware that unless we are both on land line phones, the conversation is not considered confidential, and it is possible that your PHI/ePHI could be exposed. Likewise, text messages are not confidential, and it is not advised nor appropriate to converse about personal issues or concerns via text. That is what our face-to-face sessions are for.

If you wish to use email as a way to “journal” information between sessions, you understand that your counselor may not have the opportunity to review your journal emails until your next scheduled session.

Your counselor will make every effort to keep all information confidential. Likewise, it is important that you carefully determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. Please only communicate through a computer that you know is safe, i.e., wherein confidentiality can be ensured.

Be sure to fully exit all online counseling sessions and emails. If you are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, call 806-440-2978 to schedule a new session time.

Dual Relationships & Social Networking

Not all dual relationships are unethical or avoidable. However, dual relationship situations might impair your counselor’s objectivity, clinical judgment, or therapeutic effectiveness, thus will not be encouraged.

Please be aware that our social networking sites are utilized as a “blog” and not intended to replace personal counseling sessions. In regard to your counselor’s personal social networking sites, your counselor may choose not to accept your invitation in the interest in protecting your privacy.

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Release of Information

If information needs to be released it will only be done according to state law and with a written consent from the client indicating an informed consent of such release. In the case of marital therapy, the client is the couple, not individuals; therefore, all records can only be released when both parties consent in writing or if mandated by the court.

Availability

It is your counselor's desire to provide the highest level of care to clients both inside and outside of sessions. For scheduling and non-emergency situations, please contact them through the client portal. If this is not possible you may contact Sara via the main office at 806-440-2978. In the event you encounter a personal emergency which will require prompt attention, our office will make every effort to accommodate an appointment. If your emergency arises after hours or on the weekend, clients are encouraged to contact a family member, call the Crisis Line at 806-359-6699 or Family Support Services at 806-342-2500, call 911 or go directly to the nearest emergency department.

Appointments

Subsequent appointments will be scheduled at the end of each session. If you have made an appointment you cannot keep, please message through the client portal or call the office at 806-440-2978 as soon as possible to reschedule. As a courtesy, our office attempts to place reminder calls or emails if you indicate we have permission to contact you. Even if a reminder is not received and you have a reoccurring or follow up appointment, it is your responsibility to keep or cancel (at least 24 hours advanced notice). If this is not done, the session is a loss for someone else wishing to use the time; therefore, you (not your insurance company) will be charged the fee (see fees below) for that non-canceled appointment. This fee is \$25.00. Due to our confidentiality policy, excluding minors, we are unable to schedule, confirm, adjust or cancel an appointment from anyone other than the client being seen unless a signed release is on file. If you and your spouse/partner are being seen together for the indicated session, it is acceptable for one party to schedule, confirm, adjust or cancel an appointment. However, we will not notify the spouse/partner of the appointment change. In the event of a family or medical emergency a note will be made on the account without disclosing information to a third party or family member unless a release is on file.

Fees & Payments

Your counselor only accepts private pay. We do not file insurance for you; however, you can request a receipt and submit it to your insurance as an out of network provider. If you have Medicaid, you are not allowed to private pay and would be required to see a counselor who takes Medicaid if she is accepting clients.

You will be charged a session fee of \$60 per 45-50 minute session and a half session (30 minutes) is \$35. For couples each session will cost \$80 (50 minutes). There may be other fees assessed for separate profiles or educational materials. A payment is expected at the time you arrive for your session and subsequent sessions will then be scheduled at the conclusion of that

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session if determined necessary. By signing this agreement, you understand that you are fully responsible for all fees. For those being referred to New Hope Counseling & Resources that have been provided scholarship by your church or employer, strict confidentiality will be monitored and only the minimum necessary protected health information will be released for the supplemented funds.

In unusual cases, you may become involved in litigation that may require your Counselor's participation. You will be billed and expected to pay for the professional time required for their participation at the rate of \$150.00 per hour, with a \$500.00 minimum. This includes time spent in preparation, paperwork, documentation, and any time spent in court or waiting during a court proceeding. There will be additional fees if travel out of town and lodging are required for a court appearance, and those fees will be determined by distance traveled and cost of lodging must be paid for before appearance. All fees are to be paid by the party who requests counseling that leads to a statement, written input, or an affidavit that leads to a court appearance and/or subpoena for a court appearance. The minimum \$500.00 is required in advance.

Child Custody Evaluation, Adoptions Evaluation, & Evaluations in Consented Adoptions and/or Parenting Coordination, Parenting Facilitations

These types of services require Doctoral level training or other specialized training. Sara Richison has a Master's Degree in Counseling; therefore, we do not perform Child Custody Evaluations, Adoption Evaluations, or Evaluations in Contested Adoptions. We also do not perform the service of Parenting Coordination and/or Parenting Facilitation. Clients, potential clients, or Courts requiring or requesting these types of services would need to go to another facility or find another therapist who is trained and/or otherwise approved to meet the standards of The Texas Family Code and the TXBHEC Rules for these types of services. Sara Richison does not make recommendations concerning child custody, parent and/or guardian fitness for any type of court proceeding.

Modification & Conflict Resolution

It is agreed that any disputes or modification of agreement shall be negotiated directly between the therapist and client(s). If these negotiations are not satisfactory, then the therapist client(s) agree to mediate any differences with a mutual acceptable third-party mediator, consisting first of another therapist of the practice. If these negotiations are unsatisfactory, the parties shall move to arbitration and then binding arbitration, choosing an arbitrator mutually agreeable by both. Litigation shall be considered only if and after all these methods of resolution are given a good faith effort and are unsatisfactory.

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Risks & Benefits

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his/her life. Therapy is designed to assist clients in resolving issues and dealing with painful life problems. Your counselor will make every effort to make therapy successful in this manner; however, you should know that therapy is no guarantee that you will "solve" your problems and that issues will be resolved. Furthermore, please be aware, that through the course of therapy, we may expose issues that may cause additional problems to you and bring more life distress. Participation in therapy means that you accept these risks and are willing to deal with the potential problems. Suspension, termination, or referral shall be discussed for lack of commitment or for any unresolved conflict or impasse between counselor and client as soon as possible.

HIPAA/HITECH

SR Counseling Services is required by law to maintain the privacy of and provide individuals with a copy of our "Notice to Privacy Practices" of our ethical and legal duties in regard to your protected health information in all forms (i.e. all paper and/or electronic data). A copy of this notice is on our website, attached with this informed consent and available in paper form. A copy will be provided to you at no cost upon your request. If you have any objections to the Notice, please ask to speak with our HIPAA/HITECH Certified Office Administrator in person or by phone at our main phone number.

By signing, I agree that I have read and understand all information listed above.

Client's Printed Name

Date

Signature of Client, Client's Representative, or Client's Parent/Guardian

Relationship to Client if Client's Representative or Client's Parent/Guardian

Counselor's Printed Name

Date

Counselor's Signature

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Notice of Privacy Practices
SR Counseling Services
117 N Frost Pampa, TX 79065
806-662-2616

Client Name

Client DOB

SR Counseling Services are required by law to maintain the privacy of and provide individuals with the “Notice of Privacy Practices” with respect to your PHI/ePHI (Protected Health Information/ Electronic Protected Health Information). This notice is located on the client portal and in paper format with our informed consent. You may also receive a paper copy at no charge upon your request. If you have any objections to this notice, please ask to speak with or leave a message at our main number for our HIPAA/HITECH Certified Office Administrator.

I hereby acknowledge that I received and reviewed the HIPAA/HITECH Notice of Privacy Practice Document.

Signature of Client, Client’s Representative, or Client’s Parent/Guardian

Date

Relationship to Client if you are Client’s Representative or Client’s Parent/Guardian

Office Staff or Counselor Signature as Witness

Date