Crites Counseling & Consultation

F. Russell Crites, Jr. M.S., LPC, LMFT, LSSP, NBCCH, CPC

413 W. Bethel Rd. #100 Coppell, Texas 75109
5915 Murphy Rd, Sachse, TX 75048
www.critescounseling.com (972)506-7111
Video Chat www.doxy.me/russcrites

Welcome to my office!

I thank you for making your first appointment and I look forward to working with you. I would ask that you review and sign this paperwork, where it is indicated. When you arrive at my Coppell office, please press the button on the light panel next to my name, to the left of the reception window. If I am seeing you at my Garland office just check in with the receptionist and she will notify me that you have arrived. I will be out shortly to greet you.

Video Chat Therapy: If we are doing our sessions via video chat you will need to fill out the ACKNOWLEDGEMENT OF PRIVACY PRACTICES (HIPPA) and return the signed form to me before we can begin our first session. I will review HIPPA with you during our first session. Also be aware that we will only communicate via encrypted email. I use Hush Email. Any normal email platform is not encrypted and if you use it, people can see your information.

Respectfully,

F. Russell Crites, Jr. M.S., LPC, LMFT, LSSP, NBCCH, CPC

NOTICE OF PRIVACY PRACTICES ---PLEASE KEEP THIS FORM!

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so. **YOU NEED TO KNOW ABOUT THESE RULES OF CONFIDENTIALITY NOW, SO THAT YOU DON'T TELL ME SOMETHING AS A "SECRET" THAT I CANNOT KEEP SECRET.**

A federal law commonly known as HIPAA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this process, I am required to provide you with the attached **Notice of Privacy/Confidentiality Practices** and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this Notice please contact

F. Russell Crites, Jr. M.S., LPC, LMFT, LSSP, NBCCH, CPC at 972-506-7111

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NOTICE OF PRIVACY PRACTICES

Please Keep this Copy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.

2. Payment: I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. Health Care Operations: I may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

4. Required or Permitted by Law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law

B. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes: Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

2. Marketing Communications: I will not use your health information for marketing communications without your written authorization.

3. Other Uses and Disclosures: Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.

B. Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the **Privacy Officer**, *F. Russell Crites, Jr. LPC, LMFT, LSSP, CHt, CPC* at [413. W. Bethel Rd #100 Coppell, Texas 75019 (972)393-1596 ext.31. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003.

B. Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer.

PLEASE KEEP THIS FORM FOR YOUR RECORDS!

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Practice Policies

Welcome New Clients!

I am an independent, licensed professional practitioner of counseling at the location of Coppell Counseling Center. I will work with you to provide individualized service which is appropriate for your needs. I am licensed as a Licensed Professional Counselor (LPC), a Licensed Marriage and Family Therapist (LMFT), a Licensed Specialist In School Psychology (for working directly with Public School ISD, a Certified Clinical Hypnotherapist (NBCCH) and a Certified Professional Coach. My undergraduate degree was completed at Abilene Christian University in 1974. I completed a Masters degree in Clinical/Counseling Psychology at the Abilene Christian University in 1976. I participated in post masters work in marriage and family and school psychology. In addition, I actively participate in continuing education experiences to update and practice my skills. I am a member in the Texas Counseling Association, the Texas Mental Health Counselors Associations, and the Texas Marriage and Family Association. I provide educational seminars to communities, professionals and businesses on issues of interest regarding Marriage Issues, Family Issues, Relationship Enhancement, Child Development, Parenting, Stress Management, Communication, ADHD, Bipolar Disorder, Executive Function Disorder, and much more. I have been in private practice since 1976 and have also worked with the public/private schools for over 30 years. I would be happy to discuss my professional experience or credentials with you at your request. Please let it be known that I also work under the dba of Crites Psycho-Educational Consultants.

Practice Policies

Clients are seen by appointment only. Sessions will usually last 45 to 60 minutes, unless more time is agreed upon in advance. If you wish to change your appointment or cancel, please give at least 24 hours notice. Allowances will be made for emergencies, but be mindful **that you will be charged $80 for missed appointments.** If you are self-pay, you will be required to pay $150 for the initial sessions and $125 for each subsequent session unless we have agreed upon insurance rate coverage or have made other arrangements. You are responsible for any authorization, fees, deductibles, or co-pays at each visit. I accept all credit cards, checks, and cash for payment. I will provide you a receipt for third party reimbursement, **if requested**. If you consistently cancel appointments, or if you fail to show up for two appointments in a row you may lose your normal time slot and you will have to take appointments that are available.

I attempt to return calls on the day of receipt or the day after. You can reach me at (**972) 506-7111.** Be aware that I will not interrupt sessions to answer or return calls. At times, there will be another therapist “on call” to cover my absence. I generally see clients Tues through Thursday and do testing, consultation and programs on Monday and Friday. If you have any complaints about my service to you, I invite you to discuss them with me at once. This process may enhance the therapeutic experience and your progress. If you would like to make a formal complaint, please contact:

Texas State Board of Examiners of Professional Counselors
Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369
E-mail: lpc@dshs.state.tx.us Telephone: (512) 834-6658 Fax: (512) 834-6789

Texas State Board of Examiners of Marriage and Family Therapists
Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369
Email: mft@dshs.state.tx.us Telephone: (512) 834-6628 Fax:)512) 834-6677

What to Expect

What we discuss in counseling is generally confidential. You will read in another, more detailed informational form about privacy practices and confidentiality in counseling relationships. Counseling is a process of self-examination, emotional awareness, and growth. You may choose to make changes in your attitudes, perceptions and behavior, as you progress. There is no guarantee that counseling will **"cure"** you. Counseling about issues of concern will require different amounts of time to address and resolve. Research has shown that psychotherapy may contribute to productivity, enhanced self-respect, and improved communication in all kinds of relationships.

This process may be exciting, energizing, exhausting, or even painful. Emotional healing may become personally enriching, encouraging you to face conflict in relationships and learn new coping styles. I will do everything possible to provide a positive counseling experience for you. When indicated, you or your family may be referred for additional services; such as a physical examination by your physician, medication evaluation, or other types of therapy or support groups. We will discuss those options during your sessions. If I cannot provide the professional care you need or you would like to consult another counselor, I will be happy to refer you to someone who may help you with your concerns. Here are some of the key pieces of information that you need to understand and approve of:

- I do seek and consent to take part in the treatment by the therapist named above.
- I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.
- I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.
- I understand that standard email/text or cell phone communication might not be confidential, so contacting you with these types of communication could endanger my privacy in our counseling relationship (Primary communication with land line phones or through Hush Email is more confidential).
- I am aware that I may stop counseling with this therapist at any time. The only thing I will be responsible for is paying for services I have already received.
- I understand that I may lose other services or may have to deal with other problems, if I stop treatment. (For example, if my treatment has been court ordered. I will have to answer to the court)
- I know I must contact the therapist to cancel at least 24-48 hours before the time of my appointment. If I do not cancel and do not show up, I will be charged ($80) for that missed appointment.
- I am aware that an agent with my insurance company or other third party payer may be given information about the type(s), cost(s), dates(s), and providers of any services or treatments I receive.
- I understand that if payment for the services I receive here is not made, the therapist may stop my treatment and seek to collect the fees.
- I also understand that if the therapist is requested to attend court for any purpose the initial fee is $400. This covers up to three hours of time including travel and if the court case is cancelled or shortened the fee must still be paid in full. Every hour beyond the three hours is charged at a fee of $125 an hour. Each day in court requires the initial fee of $400 to be billed again.

*Upon my death or incapacitation, your records will be stored with **Mrs. Pamela Crites** who is also my business associate. I generally keep your records for 6 years past the date of our last appointment. All questions about your counseling experience will be answered with respect to your concerns.*

PLEASE KEEP IN MIND THAT ANY PHONE CONVERSATIONS, UNENCRYPTED EMAILS, TEXTS, ETC. ARE NOT PROTECTED AND OTHER PEOPLE COULD SEE WHAT YOU ARE COMMUNICATING.

Thank you for the opportunity to be of service to you or your family!
Please keep this handout for reference!
PLEASE KEEP THIS FORM FOR YOUR RECORDS!

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Client Bill of Rights

You have the right to:

- Get respectful treatment that will be helpful to you.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report immoral and illegal behavior by a therapist.
- Ask for and get information about the therapist's qualifications, including his or her license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Have written information, before entering therapy, about fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed, substitute therapists and cancellation policies.
- Refuse audio or video recording of sessions (but you may ask for it if you wish).
- Refuse to answer any question or give any information you choose not to answer or give.
- Know if your therapist will discuss your case with others (for instance, supervisors, consultants, or students)
- Ask that the therapist inform you of your progress.

Please keep this form for your records!

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Limits of the Therapy Relationship: What Clients Should Know

Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a "dual relationship," which would not be right and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the therapist's) interests and your (the client's) best interests, and then your interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.

Because I am your therapist, dual relationships like these are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Friends may see you only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may need to have you do what they advise.

A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients' secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends. In sum, my duty as therapist is to care for you and my other clients, but only in the professional role of therapist. If you have any questions or concerns, please discuss them with me during one of our sessions.

Thank you!

Please keep this form for your records!

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPPA) AND PRACTICE POLICIES

PLEASE FILL OUT AND BRING OR SEND THIS FORM WITH THE OTHER PAPERWORK! I MUST HAVE A SIGNED COPY OF THIS PAGE BEFORE WE CAN BEGIN THERAPY.

By my signature below I, _____/_____, acknowledge that I received a copy of the
Print Your Name(s)

Notice of Privacy/Confidentiality Practices (HIPPA).

By signing this page, I also acknowledge that for **Floyd Russell Crites, Jr. LPC, LMFT, LSSP, NBCCH, CPC.** has explained and given me copies of his personal **practice policies**.

_____ _____

_____ _____

Signature of client (or personal representative) Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

I, the therapist, have discussed the notice of privacy/confidentiality practices as well as information regarding my personal practice policies with the client or his/her personal representative. My observation of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____

Signature of therapist **Date**

For Office Use Only

I attempted to obtain written acknowledgement of receipt of the Notice of Privacy/Confidentiality Practices and my Personal Practices Policies, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

This form will be retained in your medical record.