

**Victoria Hollis, MSW, LCSW**  
**PO Box 65**  
**Brevard, NC 28712**  
**Phone: 706-338-9773**  
**Psychotherapy Intake**

Thank you for choosing to work with me in addressing your counseling needs!

I whole-heartedly believe in the healing benefits of psychotherapy and I am looking forward to working with you. My primary approach is a combination of my training and experience in Internal Family Systems (IFS), Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI), experiential/psychodramatic approaches and trauma-focused therapies, including EMDR. I am a certified EMDR therapist.

So that I may best serve you, please read, complete and sign the following forms. If you have any questions, I will be happy to discuss these with you further.

Thank you,

Vicki Hollis, MSW, LCSW  
706-338-9773

## **Introduction to Privacy Notice**

This is a summary of the ways your medical information may be used and disclosed, and how you can get access to this information.

I see your medical information as part of rendering patient care. Your medical information may be used for treatment, payment, or health care operations. For example, your medical information may be used by the health care professional treating you, the administrative staff to process your payment for services rendered, and by supervisory personnel reviewing the quality and appropriateness of the care you receive. Your information may also be disclosed pursuant to applicable federal and state law.

The complete Notice of Privacy Practices is attached. We encourage you to read the entire Notice. You are required to acknowledge in writing that you have received a copy of the Notice.

Thank you,

Vicki Hollis, MSW, LCSW

## HIPAA Notice Form

*Psychotherapist's Policies and Practices to Protect the Privacy of Your Health Information.  
Please read fully and sign to confirm receipt and understanding*

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

**Victoria Hollis, LCSW** use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
- Treatment is when **Victoria Hollis, LCSW** provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when **Victoria Hollis, LCSW** consult with another health care provider, such as your family physician or another psychologist.
- Health Care Operations are activities that relate to the performance and operation of **Victoria Hollis, LCSW's** practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within **Victoria Hollis, LCSW**, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of **Victoria Hollis, LCSW**, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

**Victoria Hollis, LCSW** may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when **Victoria Hollis, LCSW** is asked for information for purposes outside of treatment, payment and health care operations, **Victoria Hollis, LCSW** will obtain an authorization from you before releasing this information. **Victoria Hollis, LCSW** will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about conversations during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) **Victoria Hollis, LCSW** has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization **Victoria Hollis, LCSW** may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in your therapist’s professional capacity, a child comes before us which your therapist has reasonable cause to suspect is an abused or maltreated child, or your therapist has reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before your therapist’s in a professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, your therapist must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.

- **Health Oversight:** If there is an inquiry or complaint about your therapist's professional conduct to the Georgia Board of Professional Counselors, Marriage and Family Therapists and Social Workers, your therapist, **Victoria Hollis, LCSW** must furnish to the Georgia Board of Professional Counselors, Marriage and Family Therapists and Social Workers, your confidential mental health records relevant to this inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your

You are confirming that the therapist has provided you and/or the records thereof, such information is privileged under state law, and your therapist must not release this information without your written authorization, or court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court-ordered. **Victoria Hollis, LCSW**/your therapist must inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** Your therapist/**Victoria Hollis, LCSW** may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim, and your therapist/**Victoria Hollis, LCSW** is treating you for the issues involved with that complaint, then your therapist/**Victoria Hollis, LCSW** must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

**Patient Acknowledgement of Receipt of Notice of Privacy Practices For Protected Health Information:**

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Consent For Treatment**

Psychotherapy is a working cooperative relationship between you and I. Each member of this cooperative relationship has certain responsibilities. I will contribute my knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

### **Fees and Appointments**

Appointments are typically 50 minutes in length, and will be scheduled at frequency determined by your preferences and my treatment recommendations. Longer sessions are available at your request and my discretion.

- Costs for services:
  - 110 minute session: \$250;
  - 75 minute session: \$175;
  - 50 minute session: \$125;
  - 30 minute session: \$75.
- I hold your specific hour for you each week. If you are unable to keep an appointment, please cancel as soon as possible. If you cancel an appointment fewer than 24 hours before your scheduled visit, you will be billed for the cost of the session.
- Insurance Reimbursement: I do not accept insurance. Sessions are self-pay only.
- Victoria Hollis, LCSW reserves the right to announce fee increases, which upon effective date shall become current for all existing clients.
- Please note that there is a \$30 fee for returned checks.
- Should you miss a payment, for whatever reason, therapy sessions may be postponed until the full payment is rendered. You are responsible for the full payment at the time service is provided.
- If you “no show” or cancel your appointment without 24-hour or more notice a full session rate cancellation fee will be billed to you. If you book a standing appointment and do not show, you will be financially responsible for the missed sessions and charged accordingly. Unpaid balances will also be charged to the credit card on file, after a first attempt to collect payment.
- All services will be billed through Victoria Hollis, LCSW.

### **Confidentiality**

Communication between you and I is confidential. This means that I will not discuss your case orally or in writing without your expressed written permission.

I have an ethical and legal obligation to break confidentiality under the following circumstances:

- If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
- If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- If you introduce your emotional condition into a legal proceeding.
- If there is a court order for release of your records.

### **Availability and After Hours Emergencies**

I will check for voice mail messages during normal business hours. Messages left outside of normal hours of operation will be picked up the next business day. If you have an emergency that needs immediate attention you may need to seek assistance at the nearest emergency services department or call the Suicide

and Crisis Lifeline at 800-273-8255.

**Court Attendance:** My hourly rate, if you choose to subpoena me, is \$500.00 each hour with a 4 hour minimum; payment is required up front.

### **Additional Rights and Responsibilities**

- In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with me.
- You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.
- We reserve the right to discontinue counseling at any time including, but not limited to, a violation by you of this Consent for Treatment, a change or reevaluation of your therapeutic needs,
- Our ability to address those needs, or other circumstances that lead us to conclude in its sole and absolute discretion that your counseling needs would be better served at another counseling facility. Under such circumstances, we will suggest an appropriate counselor(s) or counseling agency.
- Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission to us to provide counseling services and that this contract is binding for all future sessions you may have with this entity.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

## INFORMED CONSENT FOR TELETHERAPY

Please read this carefully and contact us if you have any questions. The receipt of this informed consent for telehealth form represents an agreement between you and Victoria Hollis, LCSW.

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth is that the patient and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care as the patient and clinician likely are in different locations or are otherwise unable to continue to meet in person. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some limitations, as well.

### **I agree/understand:**

- I must notify the therapist of my location at the beginning of each treatment session. If for some reason, I change locations during the session, it is my obligation to notify the therapist of the change in location.
- I must notify the therapist of any other persons in the location, either on or off camera and who can hear or see the session. I am responsible to ensure privacy at my location. I am aware that confidential information may be discussed.
- I must ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.
- I will not record either through audio or video any of the session, unless I notify the therapist and this is agreed upon.
- There are potential limitations to using Telehealth technology, including but not limited to, interruptions, unauthorized access, and technical difficulties. Some of these technological challenges include issues with the software, hardware, and an internet connection, which may result in an interruption.
- I am responsible for information security on my device, including but not limited to, computer, tablet, or phone, and in my own location.
- The therapist or I (or, if applicable, my guardian or conservator) can discontinue the Telehealth consult/visit if it is determined that the connections or protections are not adequate for the situation. A backup plan in the event of technical problems may include restarting the session or more likely supplementing with a phone for audio.
- Telehealth sessions will be conducted by the therapist through an agreed-upon secure platform (Zoom). A confirmation email with this information and the link and password to the appointment will be provided beforehand.
- The same fee rates apply for Telehealth as apply for in-person treatment. I will be solely responsible for the entire fee of the session.
- The video conferencing platforms are not, themselves, sources of healthcare, medical advice, or care.
- Though Victoria Hollis, LCSW, therapist and I may be in virtual contact through Telehealth services, neither the video conferencing platform nor the therapist can provide any medical or emergency or urgent healthcare services or advice. Should medical services be required, I will contact my physician. If emergency services are needed, I should call 9-1-1.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_