

## NOTICE OF PRIVACY PRACTICES

Updated September 23, 2013

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

**Wendy L.K. Barnes, LPC**, as owner and director of **Renewing for Life Counseling PLLC** uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Your health information is contained in a treatment record that is the physical property of **Renewing for Life Counseling PLLC**. As well, direction and authority may be given by **Wendy L.K. Barnes, LPC**, as director, to any assistant or employee of **Renewing for Life Counseling PLLC** to use your information for any of the following:

### **Disclosure of Your Health Information**

#### ***For Treatment***

**Renewing for Life Counseling PLLC** may use your health information to provide you with treatment services. For example, information obtained by **Renewing for Life Counseling PLLC** will be recorded in your record that is related to your treatment, which is necessary to determine what type of treatment you should receive. **Renewing for Life Counseling PLLC**, will also record actions taken in the course of your treatment and note how you respond to those actions.

#### ***For Payment***

**Renewing for Life Counseling PLLC**, may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment.

#### ***For Health Care Operations***

**Renewing for Life Counseling PLLC** may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to evaluate quality care and outcomes, to learn how to improve the services or facilities, and determine how to continually improve the quality and effectiveness of the health care provided.

#### ***Appointments***

**Renewing for Life Counseling PLLC** may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### ***Required by Law***

**Renewing for Life Counseling PLLC** may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties

#### ***Health and Safety***

Your health information may be disclosed by **Renewing for Life Counseling PLLC** to avert a serious threat or safety of you or any other person pursuant to applicable law. Texas State law requires that I report to the appropriate agencies any suspected child abuse, elderly abuse, or disabled persons abuse. As well, I will disclose the necessary information to those reasoned able to assist in cases of suicidal or homicidal plans in order to prevent or lessen a serious or imminent threat to any person or public.

#### ***Government Functions***

Specialized government functions such as protection of public officials or reporting various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

#### ***Other Uses***

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent **Renewing for Life Counseling PLLC**, has taken action in reliance on such.

## Your Health Information Rights

You have the right to:

- Obtain a paper copy of the notice of information practices upon request;
  - Inspect and obtain a copy of your health record;
  - Request that your health record be amended;
  - Request communications of your health information by alternative means or at alternative location; and
  - Receive an accounting of disclosures made of your health information;
- \*Request a restriction on certain uses and disclosures of your information; however, **Wendy L.K. Barnes, LPC** is not required to agree to a requested restriction

*As a client of counseling, you have the right to request to access your confidential record. In some cases, the request will be denied on an ethical basis. In such a case, I am required to provide you a signed notice of such. A reasonable fee will be charged for any copies provided or for a written summary of your record and treatment with some exceptions. Additionally, you may request that information in your confidential record be altered. However, this request may be denied and again, I am required to provide you with a signed notification of such. I am required to provide you access and/or copies of your record, as ethically deemed appropriate, within 15 days of your request, during regular business hours.*

Per HIPPA updates, effective September 23, 2013, you:

- 1) Have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out-of-pocket in full for the healthcare service.
  - a. This means that if you do not wish to inform your insurance of your treatment and/or diagnosis, you would elect private pay and not file a claim for reimbursement and therefore no superbill/medical invoice would be necessary or provided. (Insurance companies require a diagnosis on a claim).
- 2) Have the right to be notified if there is a breach of your unsecured PHI.
  - a. I will notify you in writing, either via regular mail or e-mail (if you have endorsed permission on your client information packet) within 60 days if such a breach has occurred and will inform you of the following:
    - i. A brief description of the breach, including dates
    - ii. A description of types of unsecured PHI involved
    - iii. The steps you should take to protect against potential harm
    - iv. A brief description of the steps I have taken to investigate the incident, mitigate harm, and protect against further breaches
    - v. My contact information
- 3) Must sign an authorization before your PHI will be released for any uses and disclosures not stated on page 1 of this notice.

### Complaints

You may complain to **Wendy L.K. Barnes, LPC**, and the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### Obligations of Wendy L.K. Barnes, LPC and/or Renewing for Life Counseling PLLC

**Wendy L.K. Barnes, LPC**, is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative location

**Wendy L.K. Barnes, LPC/ Renewing for Life Counseling PLLC**, reserves the right to change information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon your request or at your next visit to the office.

### Contact Information:

If you have any questions or complaints, please contact:  
Wendy L.K. Barnes, LPC  
18838 Stone Oak Pkwy Ste 103  
San Antonio, TX 78258

210-475-1303

### For More Information about HIPPA or to file complaint

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

1-877-696-6775



## **COUNSELOR--CLIENT CONTRACT**

This document is designed to inform you about my background and to ensure that you understand our professional relationship.

Qualification/Experience:

I have an Masters of Science, M.S., in Counseling Psychology from the University of Kansas (2002). I am a Licensed Professional Counselor (# 18864) by the state of Texas.

I use the skills and training of the Masters in Counseling degree and continuing education as well as Biblical/spiritual knowledge through a daily relationship with Jesus Christ. I may elect to provide you a list of references if it is determined your needs may best be met by another professional.

Nature of Counseling:

My approach to counseling is eclectic in nature, considering several theories as I meet and prescribe treatment plans for each client. You may choose to discontinue the counseling relationship at any point. Duration of counseling can vary from person to person and dependent on goals. An estimate can be provided during the first 1-3 sessions. Counseling can be uncomfortable, difficult, and sometimes even tiring, however, commitment to counseling can have great rewards.

Counseling Sessions and Counseling Relationship:

Sessions are usually held weekly for about 50 or 80 minutes. As your counselor, I will do everything possible to respect your scheduled appointment times. In the case of an emergency on my part, I will contact you as soon as possible to reschedule your appointment. I ask that you please arrive on time for your counseling session and call 48 hours or more in advance to cancel sessions you will not be able to attend. If you are in a crisis such as sickness, please call as soon as possible to avoid payment penalties. Please see the attached cancellation policy on the Fee Schedule sheet.

***Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Due to ethical guidelines, I ask that you do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling sessions.***

You will be best served if our sessions concentrate exclusively on your concerns. My services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

Correspondance:

I ask that you limit your communication via text and e-mail to scheduling related issues or brief acknowledgement of your reception of resources that may be provided electronically to you via e-mail. It is appropriate to communicate feelings and other treatment related content or questions to our face to face sessions, or if in crisis, a phone session. It is necessary that you acknowledge that transmitting such information via text or e-mail cannot be guaranteed to be electronically safeguarded or secured.

Records and Confidentiality:

All of our communication becomes part of the clinical record, which is accessible to you per request, within one week from request. Christina Russell, LPC (210) 490-9106 will be responsible for relinquishing records, in the case of death or I am incapacitated in some way. I will keep confident anything you say to me except where I am required by ethical or legal standards to reveal information obtained during therapy to other persons or agencies – even if you do not give me permission. Those situations are outlined in the document, “Notice of Privacy Practices.” If you have any questions about those situations please review the document I have given you or request another.

*By signing below you are indicating that you have read and understood this statement, and/or that any questions you had about this statement have been answered to your satisfaction.*

\_\_\_\_\_  
Counselor’s Signature

\_\_\_\_\_  
Date

File Complaints to:  
Texas State Board of Examiners of Professional Counselors  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756-3183

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

**INSURANCE CONSENT FORM**

Counseling sessions, after the initial consult, may be covered by insurance, considering out of network benefits and if deemed medically necessary by the insurance company. Please note that your insurance company will require submission of an appropriate mental health diagnosis and may require additional private information to process claims. Such information and diagnosis may make it difficult for you obtain individual insurance coverage (ex: if you are self-employed) and life insurance, in the future. Additionally, some employers may have access to your private insurance information. If you would like a Superbill so that you can submit claims to your insurance company for Out of Network Mental Health benefits, please authorize below.

Please indicate how you would like to receive this monthly statement:  
\_\_\_\_\_ e-mail \_\_\_\_\_ mailed to home address

**IMPORTANT NOTICE**

If a diagnosis is rendered, it will become part of your permanent medical records. Please be aware that it is the prerogative of the insurance companies to pay for a claim or not. I hereby authorize Wendy L.K. Barnes, MS, LPC/Renewing for Life Counseling PLLC, to release information to my insurance carrier to process this claim:

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Policyholder Claimant, if other than Policyholder

See the Notice of Privacy Practices for detailed information regarding the disclosure of PHI (Protected Health Information). Briefly, your PHI, name, address, social security number, etc., may be used by Wendy L.K. Barnes, MS, LPC/Renewing for Life Counseling PLLC for purposes of treatment, payment and healthcare operations during our normal business operations.