



[www.prestigetherapeuticcounseling.com](http://www.prestigetherapeuticcounseling.com)

[info@prestigetherapeuticcounseling.com](mailto:info@prestigetherapeuticcounseling.com)

(470) 265-0166

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Greetings New Client!

Thank you for choosing Prestige Therapeutic Counseling LLC! You have made a courageous decision towards improving the quality of your life; and I am here to support you throughout your journey.

As your therapist, I am dedicated to servicing you with the compassion, empathy and support you need as you adjust to the challenges of life. In efforts to help create quality and enriched lifestyles, I strive to deliver quality, professional and personalized services.

We will work together to help you improve personal empowerment, awareness, and strategies for you to move from where you are today to where you desire to be; and begin living the life you deserve. Attached is your New Client Intake Packet. Prior to our 1st session, please read through its entirety and complete/sign each area respectively. All services are rendered through a secure video portal which I will email to you the video link no later than the day before each session. Under certain circumstances, we may have to engage in a phone session (considerations for phone sessions may include, device technical issues, internet outage, confidentiality practices where video sessions would result in limited privacy or technical difficulties within the video portal).

Please note: Kishla Preston, LCSW is an independent contractor within the Headway network. **Any questions or concerns regarding insurance rates, insurance billing and payments should be addressed to Headway's Consumer Support at [Hello@Headway.co](mailto:Hello@Headway.co).**

If you have any questions related to the contents of this packet or self-pay rates, please feel free to contact me directly at (470) 265-0166 or via email at [info@prestigetherapeuticcounseling.com](mailto:info@prestigetherapeuticcounseling.com).

Again, thank you and I look forward to working with you soon!

All the best,  
Kishla Preston, LCSW



## Prestige Therapeutic Counseling, LLC

### Informed Consent and Rights & Responsibilities

#### ABOUT US

Prestige Therapeutic Counseling LLC is a multi-disciplinary firm of mental health clinicians and consultants. Our mailing address is N/A. You may reach us by phone at (470) 265-0166. This packet provides information about our professional mental health services and is for you to keep. Prior to the start of treatment, please sign the acknowledgement that you have received this packet.

#### INFORMED CONSENT

##### Philosophy and Approach

We believe in providing treatment that is culturally competent and tailored to the needs of our clients. We believe in working toward our clients' best interests. We approach our care from a client-centered and strengths-based perspectives with respect for each client's unique needs. We collaborate with other providers when it is indicated and authorized. This may include managed behavioral healthcare, primary care providers, and other healthcare providers. We collaborate with you to identify your treatment needs, provide high quality interventions, and review progress and outcomes in treatment.

Each clinician may be different in their approach to care; however, these values are present across our organization. You may learn more about your clinician's philosophy and professional qualifications and experience by visiting our website at [prestigetherapeuticcounseling.com](http://prestigetherapeuticcounseling.com), or by contacting us by phone at (470) 265-0166 or [info@prestigetherapeuticcounseling.com](mailto:info@prestigetherapeuticcounseling.com).

We adhere to our respective professional organizations' code of ethics. These include the American Counseling Association's Professional Code of Ethics and the American Psychological Association's Ethical Principles and Code of Conduct. The practice of professional counseling is regulated by the Georgia Board of Licensed Professional Therapists, Social Workers and Marriage and Family Therapists. We abide by our respective code of ethics as set forth in the Licensing Board Chapter 135-7 Code of Ethics. As a client you have the right to contact the Board with complaints or concerns regarding your therapy experience.

The Georgia Board of Licensed Professional Therapists, Social Workers and Marriage and Family Therapists can be contacted at:

Licensed Professional Therapists Association of Georgia, Inc.  
3091 Governors Lake Dr NW STE 570  
Norcross, GA 30071  
770 - 449 - 4547  
Website: <https://sos.ga.gov/>



## Treatment Process

Mental health services at Prestige Therapeutic Counseling LLC begin with an assessment. Your clinician will talk with you about your current situation, ask you about your personal history, and make a recommendation for services. You will then develop a treatment plan together that outlines how treatment will proceed and what outcomes to expect.

Please expect sessions to last between 16-53 minutes. Sessions may occur weekly or less than weekly. The frequency of your sessions will likely decrease over time. Your clinician will talk with you about your treatment recommendations. If your treatment needs fall outside the scope of practice of our clinicians, I may refer you to another provider.

## Risks and Benefits of Treatment

Mental health services are generally effective in treating most mental health conditions. I will monitor progress and outcomes to ensure you are benefitting from therapy. Few people get worse from treatment. Improvement requires attending appointments and following through with treatment recommendations.

There may be challenges associated with therapy. These include addressing painful emotional experiences and/or feelings and being challenged or confronted on a particular issue. As a client, you are encouraged to discuss these challenges with your clinician at any time. I cannot guarantee specific results of treatment.

## Treatment Options and Medical Necessity

Prestige Therapeutic Counseling LLC may provide individual therapy or couples' therapy. All services utilizing your health plan need to be "medically necessary." This means that 1) you have a covered condition (i.e., diagnosis) and 2) the services are expected to make improvements on that condition (as well as other factors).

Your health plan outlines what conditions are covered and what is limited or excluded. Most mental health conditions are covered by most plans.

Please note: Clinicians of Prestige Therapeutic Counseling LLC are independent contractors within the Headway network. **Any questions or concerns regarding session rates, insurance billing, payments or technical difficulties should be addressed to Headway's Consumer Support at [Hello@Headway.co](mailto:Hello@Headway.co).**

**Telehealth Informed Consent:** This Informed Consent for Telehealth contains important information focusing on providing healthcare services using electronic devices in the form of video chat, emailing, messaging, telephone, etc. Please read this carefully and let us know if you have any questions.

**Benefits and Risks of Telehealth:** Telehealth refers to providing services via video chat, email, text messages and/or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. This can be helpful particularly during the Coronavirus (COVID-19)



pandemic in ensuring continuity of care as the client and clinician likely are in different locations or are otherwise unable to continue to meet in person. It is also more

convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person treatment and telehealth, as well as some risks. For example:

- Risks to confidentiality. As telehealth sessions take place outside of your home, school or personal environment, there is potential for other people to overhear sessions if you are not in a private place during the session. It is important; however, for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during our telehealth work.

**Limits of Confidentiality:** Therapy sessions between a mental health professional and client are strictly confidential, except under certain legally defined situations involving threats of self-harm or harm to another, cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In case of danger to others, I am required by law to notify the police and to inform any intended victim (s). In the case of self-harm, I am ethically bound to inform the nearest relative, significant other or to otherwise enlist methods to prevent self-harm or suicide. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities.

**Crisis Intervention:** Due to the nature of telehealth services, at this time, therapists of Prestige Therapeutic Counseling LLC do not provide immediate crisis intervention to individuals who are not an already established clients. If you are someone seeking therapy serving and have not yet already engaged in your first session and you are experiencing a crisis, please contact 911 and/or head to your nearest medical facility.

**Cancellation / No Show Policy:** We understand that things come up from time to time, however, the time you schedule to meet with your therapist is reserved especially for you. 24 hours' notice of cancellation is required. A charge of \$95 will apply to any late cancellation of less than 24 hours or no show, including first appointment. Your clinician will wait 10 minutes for you to arrive to the scheduled video chat before you are deemed a no-show. If you believe you will be running late, please send a text message, email or phone call indicating your anticipated arrival time; and your clinician will wait for your arrival. If no correspondence is given, you will be charged a no-show fee.

**First Appointment Policy:** Due to the unprecedented need for mental health care my availability is very limited. Most people who do not complete the intake packet do not show for their first appointment. This leaves me feeling unsure of your commitment to your reserved time slot. Please complete paperwork in a timely



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manner. Please let me know if you have any issues in completing the paperwork. A credit or debit card is required to hold your appointment. If you do not show or cancel in less than 24 hours of your appointment time, you will be charged a no-show/late cancellation fee of \$95. The time reserved is reserved especially for you. Demand for mental healthcare is at an all-time high, which means available time slots are limited and there is a waitlist. When you do not show or cancel at the last minute, you are preventing someone on the waitlist the opportunity to take the slot. This policy includes first appointments as well as ongoing appointments.

As a courtesy, our scheduling software will send session reminder emails. Ultimately the responsibility to remember your appointment is yours. Your clinician will wait 10 minutes for you to arrive to the scheduled video chat before you are deemed a no-show. If you believe you will be running late, please send a text message, email or phone call indicating your anticipated arrival time; and your clinician will wait for your arrival. If no correspondence is given, you will be charged a no-show fee.

We understand life happens and at times, life will not allow you to honor your appointment. In such case, you will be allowed up to two (2) consecutive sessions of cancellation before the appointment slot is made available to other clients. *This allowance, however, does not forfeit any cancellation fees if cancellation is not provided within 24 hours.* After 2 consecutive sessions of no services rendered, you will be removed from your therapist's calendar. In the event you'd like to resume with services in the future, a decision will be made based on the previous circumstances that lead to the initial removal.



## RIGHTS AND RESPONSIBILITIES REGARDING MENTAL HEALTH SERVICES

As a client of Prestige Therapeutic Counseling LLC, you have a general set of rights and responsibilities. Within our mental health service, you have additional rights. Please let us know if you do not understand your rights or responsibilities as a client of Prestige Therapeutic Counseling LLC or if you have questions about your rights.

### Your Rights as a Client

- To expect that a licensee has met the minimum qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
- To obtain a copy of the Codes of Ethics.
- To report complaints to the Boards.
- To be informed of the cost of professional services before receiving the services.
- To be assured of privacy and confidentiality while receiving services as defined by rule or law.
  - The information you share in a therapy session, as well as the information kept in your electronic health record is confidential except where disclosure is required by law and deemed to be in your best interests. Three exceptions to confidentiality are:
    - When there is a reasonable suspicion of minor, elder, or dependent adult abuse or neglect.
    - When the client presents a clear and present danger to themselves or to others.
    - When the provider is court-ordered to testify.
- To be free from being the object of discrimination on any basis listed in the Codes of Ethics and by law while receiving services.
- Regarding treatment planning
  - Choose from and receive available services and supports that are consistent with your treatment plan.
  - Participate in and assist in the development of your treatment plan.
  - Participate in periodic review and reassessment of your treatment plan; and,
  - Receive a copy of your treatment plan.
- Have all services explained, including expected outcomes and possible risks.
- Receive prior notice of service conclusion or transfer unless it poses a threat to health and safety.
- Exercise all rights described in this rule without any form of reprisal or punishment.

Please let us know if you do not understand your rights as a client of Prestige Therapeutic Counseling LLC or if you have questions about your rights.



### Complaints and Grievances

If you are unhappy with services at Prestige Therapeutic Counseling LLC, you have the right to file a complaint. You may do so informally by speaking directly with your clinician or by contacting Headway’s Consumer Support at [Hello@Headway.co](mailto>Hello@Headway.co).

**Crisis and Emergencies:** If you are experiencing a mental health emergency, please call 911 if you are experiencing or visit your nearest emergency room. **An emergency means a situation where there is an immediate risk of harm to yourself or someone else.** If you are experiencing a crisis and need to speak to your clinician between the hours of 8pm-7am, please send a text message to (470) 265-0166; simply stating, “I need a session.” Please do not include any sensitive information in the text message. Your clinician will respond via text to assess the situation and determine if a phone call should be made and/or session scheduled.

*If you are experiencing a mental health crisis after hours, you may utilize the following resources:*

Resource:	Phone Number:	Website:
Life Threatening Emergency	911	n/a
National Suicide Prevention Lifeline	988	n/a
Georgia Crisis and Access Line	1800-715-4225	<a href="http://www.georgiacollaborative.com">www.georgiacollaborative.com</a>
NAMI Georgia (National Alliance of Mental Health)	770-234-0855	<a href="http://www.namiga.org">www.namiga.org</a>

## CONTACTING YOUR PROVIDER

In between appointments, you can call or text (470) 265-0166 to reach your therapist. Your therapist can also be reached via the Headway’s secure messaging portal; or you may send an email [info@prestigetherapeuticcounseling.com](mailto:info@prestigetherapeuticcounseling.com).

Phone messages will be checked daily, and phone calls will be returned as soon as possible.

**Social media and email:** Please do not email private health information. Email is not a secure form of communication. Prestige Therapeutic Counseling LLC’s therapists do not communicate with clients via social media, nor do they accept “friend requests” or “follow” current or former clients.

**Accidental Meetings:** If you accidentally see your therapist outside of the therapy office, they will **not** acknowledge you unless you acknowledge them first. If you choose to acknowledge them, they may speak briefly with you. It is not appropriate to engage in any lengthy discussion with your therapist in public or outside of the therapy office.



## Mental Health Informed Consent and Rights & Responsibilities Acknowledgement Page

I acknowledge that I have received the *Informed Consent, Rights & Responsibilities, and Notice of Privacy Practices* for mental health services at Prestige Therapeutic Counseling LLC. I understand that I may ask questions at any time about the information contained within.

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

Client Name, Printed \_\_\_\_\_



## Client Information Form

Name (Please Print): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronouns: She/Her/Hers  He/Him/His  They/Them/Theirs

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ | Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_ Preferred Method of Contact:  Home |  Cell |  Email

May I Leave a Message:  YES  NO

Preferred Days / Times for Counseling Sessions \_\_\_\_\_

Age:  18-21  22-29  30-39  40-49  50-59  60-64  65 +

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**Marital Status:**     Single     Married      
Separated     Divorced     Widowed

**Occupation:** \_\_\_\_\_

**Occupation Level of Stress:** (1= little to no stress, 5 = extreme stress) 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

**Insurance:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Highest Level of Education Completed:**

Less than High School     JR. College/Trade School     College Degree     Graduate Degree

High School     Some College     Post-Graduate Degree

How did you hear about me? \_\_\_\_\_

**Briefly describe what brings you in for counseling:**

\_\_\_\_\_

Have you seen a therapist before?     YES     NO

If YES, Please indicate who, where and why:

\_\_\_\_\_

**Please list ALL MEDICAL DIAGNOSES/CONDITIONS that you have:**

\_\_\_\_\_

\_\_\_\_\_

**Please list ALL Medications, BOTH PRESCRIPTION AND OVER THE COUNTER, that you currently take, dosage, and reason for taking:**

\_\_\_\_\_



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Name of Prescribing Physician and Contact Information:  N/A

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List Allergies:  N/A

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Name of Primary Care Physician and Contact Information:  N/A

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Have you ever been hospitalized for Psychiatric reason?  YES  NO

If yes, please indicate when, where, how long and for what reason:

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**Please mark ALL areas of concern that you have experienced within the past 30 days:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Low Moods                                  | <input type="checkbox"/> Communication Skills                        | <input type="checkbox"/> Anger            |
| <input type="checkbox"/> Self-Harm (cutting, burning, hitting self) | <input type="checkbox"/> Too Much Sleep                              | <input type="checkbox"/> Panic            |
| <input type="checkbox"/> Suicidal Thoughts Only                     | <input type="checkbox"/> Seeking Life Purpose                        | <input type="checkbox"/> Mid-Life Crisis  |
| <input type="checkbox"/> Suicidal Attempts                          | <input type="checkbox"/> Difficulty Adjusting to a Life Change/Event |   |
| <input type="checkbox"/> Trouble Concentrating                      | <input type="checkbox"/> Restlessness                                | <input type="checkbox"/> Too Much Sleep   |
| <input type="checkbox"/> Fear                                       | <input type="checkbox"/> Temper Outbursts                            | <input type="checkbox"/> Too Little Sleep |
| <input type="checkbox"/> Low Self-Esteem                            | <input type="checkbox"/> Racing Thoughts                             | <input type="checkbox"/> High Energy      |
-



Confusion  
 Hopelessness  
 Relationship Conflicts

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Guilt/Shame                | <input type="checkbox"/> Fatigue                                    | <input type="checkbox"/> Isolating         |
| <input type="checkbox"/> Eating Too Much            | <input type="checkbox"/> Eating Too Little                          | <input type="checkbox"/> People Pleasing   |
| <input type="checkbox"/> Tearfulness                | <input type="checkbox"/> Psychosis (hearing voices/seeing images)   | <input type="checkbox"/> Grief/Bereavement |
| <input type="checkbox"/> Binging                    | <input type="checkbox"/> Nervousness                                | <input type="checkbox"/> Forgetfulness     |
| <input type="checkbox"/> Fearful Thoughts           | <input type="checkbox"/> Trauma (sexual, emotional, physical abuse) |  |
| <input type="checkbox"/> Nightmares                 | <input type="checkbox"/> Difficulty Making Decisions                | <input type="checkbox"/> Flashbacks        |
| <input type="checkbox"/> Doing Things Over and Over | <input type="checkbox"/> Lack of Motivation                         |  |
| <input type="checkbox"/> Low Energy                 | <input type="checkbox"/> Feeling Helplessness                       |  |

### Substance Use History

**N/A - Check here if there is no Substance History**

Substance Name	Age of 1 <sup>st</sup> Use	Frequency of Use	Date of Last Use
Alcohol			
Cannabis			
Cocaine			



<p><b>Stimulants</b></p> <p><i>(Crystal, speed, amphetamines)</i></p>			
<p><b>Inhalants</b></p> <p><i>(LSD, PCP, mushrooms)</i></p>			
<p><b>Opioids</b></p> <p><i>(Heroin, Narcotics, Methadone)</i></p>			
<p><b>Sedative/Hypnotics</b></p> <p><i>(Valium, Xanax)</i></p>			
<p><b>Designer Drugs</b></p> <p><i>(Herbal, Steroids, Cough Syrup)</i></p>			
<p><b>Tobacco</b></p>			

Have you been in inpatient/outpatient recovery? YES \_\_\_ NO \_\_\_



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How many times: \_\_\_ How long: \_\_\_\_\_  
Facility: \_\_\_\_\_ YES \_\_\_ NO \_\_\_

Are you currently in recovery? YES \_\_\_ NO \_\_\_

If Yes: How much time clean and sober?: \_\_\_\_\_

Do you have a Sponsor?: YES \_\_\_ NO \_\_\_

Are you currently participating in AA or NA or any other support group? YES \_\_\_ NO \_\_\_

## EMERGENCY CONTACT:

*If you choose not to complete this section, should an emergency arise, 911 will be contacted.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Client \_\_\_\_\_



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## Consent to Receive Services

*By signing, I am confirming the above information has been completed by the intended client and I am consenting to receiving mental health services.*

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

Client Name, Printed \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES (HIPAA)

### Health Insurance Portability and Accountability Act of 1996

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.*

You are receiving this Notice from Prestige Therapeutic Counseling LLC and certain affiliated health professionals and providers (collectively “Prestige Therapeutic Counseling LLC” providers). A federal regulation, known as the “HIPAA Privacy rule”, requires that certain health care providers deliver detailed notice in writing of their privacy practices. The “We” and “Our” refer to Prestige Therapeutic Counseling LLC collectively, and the term “you” refers to you as a specific Prestige Therapeutic Counseling LLC client.

The services Prestige Therapeutic Counseling LLC provides include mental health counseling services. Prestige Therapeutic Counseling LLC submits claims for these services electronically, making it a health plan covered by the HIPAA Privacy Rule.

#### **I. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- The patient consents in writing
- The disclosure is allowed by a court order or
  
- The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.



Federal law and regulations do not protect any information about a crime committed by a patient, either at the program or against any person who works

for the program. Threats to commit a crime also are not protected.

## **II. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a participant, or where there is a reasonable basis to believe the information can be used to identify a participant. The information is called “protected health information” or “PHI.”

This Notice describes your rights as a health plan participant and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

### **POLICY:**

The filing is the protocol to ensure adherence to the standards set forth in the Notice of Privacy practices. This notice relates only to health information. Prestige Therapeutic Counseling LLC complies with applicable federal and state laws including HIPAA Privacy rules to secure confidential information.

### **PURPOSE:**

To ensure that Prestige Therapeutic Counseling LLC will collect, use and disclose protected health information only in conformance with Georgia, federal laws, and current Client covenants and/or authorizations, as appropriate.

### **PROCEDURE:**

- Written copy of the Notice of Privacy Practices will be provided to each client prior to the start of services. In keeping with the Notice of Privacy, Prestige Therapeutic Counseling LLC will:



- Not use or disclose protected health information for uses outside of the practice's treatment, payment or operations without a written authorization from the Client (or his or her authorized representative).
- Implement reasonable measures to protect the integrity of all protected health information maintained about Clients including, but not limited to:
  - i. Education of staff
  - ii. Disciplinary action for violations
  - iii. Confidentiality agreements
  - iv. Procedures for complaints and appeals

Treat all protected health information data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.

Each Client will acknowledge his or her right to review or receive a copy of the Notice of Privacy Practices.

Each Client has the right to request limitations and/ or restrictions of disclosures.

(These requests must be in writing)

A signed Release of Information for will be obtained when protected health information is disclosed to third parties. Certain non-treatment, payment, and operational disclosures do not require and authorization, however; a log will be maintained of these disclosures.

Each Client has the right to request an inspection of his/her protected health information. Prestige Therapeutic Counseling LLC will act on this request within thirty (30) days.) The Client may request correction/amendments of his/her protected information.

- Request must be made in writing
- Prestige Therapeutic Counseling LLC may or may not be required to honor these requests.

### **III. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint on us. You may file a complaint directly with the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.



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**Note: Our practice may change this notice in the future. Any changes will be effective upon the release of a revised policy and will be made available to Clients upon request. All previous copies of this policy and the Notice of Privacy Practices will be retained for six (6) years.**

The HIPPA Policy is provided to each Client upon the intake process.



## Individual Rights & Responsibilities

Upon enrollment into Prestige Therapeutic Counseling LLC's mental health services, I am assured the following Individual Rights & Responsibilities:

1. You have the responsibility to provide accurate and complete information at all times.
2. You have the responsibility to protect the confidentiality of other clients.
3. You have the responsibility to follow the rules and regulations of the program.
4. You have the responsibility to be courteous to staff members and other clients.
5. You have the responsibility to notify staff of any changes in life situations including changes in address and telephone number.
6. You have the responsibility to attend your regularly scheduled sessions and cancel in advance if you are not able to come.
7. You have the responsibility to complete any tasks or "homework" as assigned.
8. You have the responsibility to participate in developing your individual plan and carrying out the objectives outlined in that plan.
9. You have the responsibility to let your counselor know if you feel like you are not making progress in your treatment.

10. You have the responsibility to help maintain the safe environment of the program.



11. You have the responsibility to pay for services received (if applicable) at the agreed upon time.
  12. All persons receiving services from Prestige Therapeutic Counseling LLC shall retain all rights, benefits and privileges guaranteed by Federal, State, and local law, except those specifically lost through the due process of law.
  13. Persons served have the right to live in the community of their choice without restraints on their independence, except those restraints to which all citizens are subject.
  14. Persons served have the right to be treated with courtesy and dignity and are at all times entitled to respect for their individuality, and the recognition that their strengths, abilities, needs, and preferences are not determinable on the basis of a psychiatric diagnosis.
  15. Persons served have the right to be notified of all rights accorded them as recipients of services at time of admission or intake, and in terms that he or she understands.
  16. Persons served have the right to be treated in the least restrictive setting to meet their needs. It is Prestige Therapeutic Counseling LLC policy that seclusions and restraints are not utilized in treatment services.
  17. Persons served have the right to receive services conducted in a manner reflecting quality professional and ethical standards of practice and shall be apprised of the organization's code of ethics/conduct.
  18. Persons served have the right to receive services without discrimination based on race, color, sex, sexual orientation, age, religion, national origin, domestic/marital status, political affiliation or opinion, veteran's status, physical/mental handicap or ability to pay for services.
  19. Persons served have the right to be treated in an environment free from physical abuse, sexual abuse, physical punishment, or psychological abuse by threatening, intimidating, harassing, or humiliating actions on the part of staff.
  20. Persons served have the right to be fully informed of the services to be provided, the right to consent to services, and the right to refuse services (with the exception of legally mandated services) without fear of retribution or loss of rights.
- Individual Rights and Responsibilities*
21. Persons served have the right to privacy during facility visits. Individuals and/or group visits are permitted only when the purpose of the visitation is education or professional in nature. Planning for outside visitors shall provide for limited interruption of Client routine, therapeutic or rehabilitative programs, and related activities. Persons served will be given notice of such visitation.



22. Persons served have the right to confidentiality. Information may not be released without the Client's written permission, except as the law permits or requires.
23. Persons served have the right to review the Client's record at any reasonable time upon request, including prior to an authorized release, and shall be afforded the assistance of an appropriate clinical staff member in cases where a reasonable concern exists of a possible harmful effect to the Client through the misinterpretation of information in the record.
24. Persons served, along with family or significant other(s), when appropriate, have the right to participate in their treatment and treatment planning. Persons served have a right to a full and complete explanation of the nature of treatment and any known or potential risks involved therein.
25. Persons served have the right to an individualized, written treatment plan to be developed promptly following admission, treatment based on the plan, periodic review and reassessment of needs, and appropriate revisions of the plan including a description of services that may be needed following discharge from services.
26. Persons served have the right to request and receive outside Prestige Therapeutic Counseling LLC professional consultation regarding their treatment at their own expense.
27. Legally competent persons served have the right to refuse treatment, except in emergency situations or other circumstances required by law. Persons served shall not be denied treatment, services, or referral as a form of reprisal, excepting that no individual provider shall be obligated to administer treatment or use methods contrary to his or her clinical judgment.
28. Persons served shall have access to written information about fees for services and their rights regarding fees for services and will not be refused services due to an inability to pay.
29. Persons served have the right to an explanation if services are refused to them for any reason including admission ineligibility or continued care ineligibility and have the right to appeal such decisions.

30. Persons served have the right to informal complaint and/or formal grievance of practices or decisions that impact their treatment or status without fear or concern for reprisal by the organization or its staff and have the right to have this process clearly communicated to them upon entry to services and throughout participation in services.
31. Persons served have the right to refuse to participate in research without loss of services and participate in research on a voluntary basis only with full written informed consent.



service coordination.

**32.** Persons served have the right to access guardians, self-help groups, advocacy services and legal services at any time. Access will be facilitated through the person responsible for the Client's

- 33.** Persons served have the right to be treated in the least restrictive environment, be provided evidence-based information about alternative treatments, have access to their records, have equal access to treatment regardless of race ethnicity, gender, age, sexual orientation and sources of payment.
- 34.** Persons served have the right to be informed of appeal procedures, initiate appeals, have access to grievance procedures, receive a grievance appeal decision in writing, and appeal a grievance decision to an unbiased source.
- 35.** Persons served have the right to be protected from the behavioral disruptions of other persons served.
- 36.** Persons served have the right to be informed and to consent to treatment provided by interns or counselors-in-training. Interns and counselors-in-training work under the supervision of a licensed team leader.
- 37.** Persons served have the right to withdraw from Prestige Therapeutic Counseling LLC services at any time by informing the assigned counselor in writing. Should the Client be mandated for services through a referring agency, the referring agency must inform the assigned counselor of the Client's withdrawal from the program. Referring agency must submit the request to withdraw in writing.

- 38.** Persons served have the right to terminate services from Prestige Therapeutic Counseling LLC. Prestige Therapeutic Counseling LLC will attempt to make contact with the Client for a consistent 2-week period. Weekly documentation of staff attempts to contact Client will be documented in progress notes. If a Client is hospitalized, incarcerated, missing, etc., Prestige Therapeutic Counseling LLC will do their due diligence and attempt to make weekly to make contact with the Client. If all attempts have failed for a consistent 2-week period, the Client will be discharged from Prestige Therapeutic Counseling LLC services. Progress notes will reflect 2 weeks of failed attempts to make contact.