

OFFICE POLICY

Disclosure Statement, Privacy Practices, Client Rights, Informed Consent Form for Adults and Minors

Welcome to my practice. My name is Carol Griffith and I am a Licensed Clinical Professional Counselor-LCPC-78, and a Licensed Social Worker- LSW-292 in the State of Idaho. I have received my A.A. in Liberal Arts at Diablo Junior College in California, my B.A. in Sociology and Psychology at Boise State University, and my M.A. in Counseling at Idaho State University. I utilize tools from post graduate classes, such as, Sports Psychology from John F. Kennedy University in California, Play Therapy from University of Washington-Seattle, and Sports Psychology from University of Utah. I use the principals of Adlerian Psychology in my counseling. I primarily use cognitive behavioral therapy in working with my clients and play therapy with small children. I have been a counselor since 1988 and I have worked primarily with children, families, and individuals.

The laws of the State of Idaho require that licensed counselors provide clients at the beginning of treatment with accurate information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality (Chapter 34, Title 54-3410A, Idaho Code). Licensure of an individual under this chapter does not imply endorsement by the counselor licensing Board nor the effectiveness of treatment.

The practice of counselors in Idaho is regulated by the Idaho Board of Professional Counselors and Marriage & Family Therapists. Any questions or complaints may be addressed to: State of Idaho Bureau of Occupational Licenses, 700 W. State Street, Boise, ID 83702, or contacted by phone 208-334-3233.

This document contains important information regarding my professional services and business policies. Please read it carefully and write down any questions or concerns that you may have so we can discuss them. When you sign this document, it will represent an agreement between us.

My Commitment to You

I am committed to providing quality treatment and helping you realize your personal goals. While it is impossible to guarantee any specific outcome, together we will work to achieve the best possible results. I will give you my full attention and energy when we are working together, and be prepared for your visit. Counseling services will be rendered in a professional manner, consistent with the accepted ethical standards of the American Counseling Association. If at any time you have questions or concerns, please let me know.

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Our Professional Relationship

Professional counseling, although personal in nature, is a professional relationship rather than a social one. Your contact with me will be limited to those counseling sessions you arrange with me. As a licensed clinical professional counselor and a licensed social worker, I will not barter for services or accept gifts or invitations. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served when our relationship remains strictly professional and when counseling sessions concentrate exclusively on your concerns.

What I Expect From You

Counseling is a two-way effort entailing mutual respect, responsibility, and consideration. It is your responsibility to help me understand your life situation, thoughts, and feelings. I also expect you to complete assignments between sessions. Counseling will be most successful if you are willing to take risks and make changes, thereby mastering your problem areas.

Notice of Privacy Practices

The information you provide during counseling is confidential, **EXCEPT** during the following cases:

- When I have reasonable cause to suspect that a child (anyone under the age of 18 years), an elder, a developmentally disabled, or a physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect.
- When I have reason to suspect a threat of injury to yourself or another, potential suicide, or a threat of homicide, I may disclose confidential information that is relevant to public authorities. Your information would be disclosed to other professionals and possibly your family to prevent and protect against any harm.
- When your information is requested by the Court regarding your evaluation, diagnosis, or treatment your information may be disclosed to the Court if so ordered.
- When a Worker's Compensation claim has been filed, I may be required to give your mental health information to relevant parties and officials.
- If a complaint or lawsuit is filed against me, Carol Griffith, LCPC, LSW, by a client, I may be required to release information regarding that client.

- Your health insurance plan has the right to review your clinical records for any services you have asked them to pay for. Your insurance company is entitled to see protected health information in your clinical record, including information about dates of counseling, symptoms, your diagnosis, your overall progress towards goals, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone.
- Media- I cannot guarantee the confidentiality of electronic mail and texts over mobile phones. If you choose to send confidential information in an unsecured format, Carol Griffith LCPC, LSW is not held liable for any breaches. In addition, please be aware that any email or text correspondence that I deem relevant to your treatment, will be copied and stored in your client file. Our HIPAA compliant encrypted email is Virtru Protection Software.

Uses and Disclosures Requiring Authorization

Carol Griffith, LCPC, LSW may use or disclose Protected Health Information for purposes outside of treatment, payment, and health care operations when authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. Individuals will be notified if there is a breach of unsecured Protected Health Information. Clients have the right to restrict certain information to health plans when they pay out-of-pocket, unless the disclosure is required by law.

If I seek a professional consultation regarding your counseling, I will not disclose your name or other, identifying personal information.

Client Records

Any clinical records maintained on file for you by Carol Griffith, LCPC, LSW, is the property of Carol Griffith. You may examine and/or receive a copy of your file if you request it in writing, signed, and dated by you. You will receive a copy of your file no later than 60 days after the date your request was submitted. A charge may be made for writing reports or for copying materials (if exceeds 30 pages: \$0.50/page). I will not release information to other parties without written permission by all individuals involved in couples, group, or family counseling sessions unless required to do so by State or Federal Law. I will not release my records if subpoenaed. I will only provide records ordered specifically by the Court, or I may ask the Court for a Protective Order that protects your records.

Court Related Services and Fees

Carol Griffith, LCPC, LSW has the right to refuse any request to appear in Court, if requested by a client on their behalf or the behalf of their children. All information shared in counseling sessions is confidential. Counseling is primarily a therapeutic relationship with goals focused on personal growth and healing. The following fees apply to all Court-related services:

- Phone consultations with Attorneys, Mediators, Judges: \$150/hour (\$37.50 minimum).
- Reports for Courts or Attorneys: \$150/hour (1-hour minimum).
- Copies of client files (if exceeds 30 pages): \$0.50/page

Counseling Services

- Counseling varies, based on different personalities of the counselor and the client, as well as the particular problems you hope to address. There are many different methods that can be used to deal with problems. Counseling is not the same as a medical doctor visit, it calls for a very active effort on your part. In order for counseling to be most successful, you will have to identify what your goals and expectations are, and we will decide together how to achieve your goals through the counseling process.
- I would like to inform you that counseling can have benefits as well as risks. Because of the fact that counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. Counseling has also shown to have benefits for people who go through it, such as better relationships, solutions to specific problems, and significant reductions in feeling of distress. I would also like to inform you that there are no guarantees as to what you will experience.
- Our first few sessions will involve an evaluation of your specific needs. We will then be able to come up with a treatment plan, and I will be able to offer you some options of what our work will include, if you choose to continue with counseling. You should consider this information along with your own opinions on whether you feel comfortable working with me. After the evaluation process, I will notify you if I believe that I am not the right counselor for you. If this is the case, I will give you a list of counselors I feel would be better suited for your needs.
- Counseling does involve a large commitment of time, money, and energy. You should always carefully select a counselor that you feel comfortable with. If at any time you have any questions or concerns regarding my procedures, we should discuss them. Do not feel discouraged from asking questions. If your doubts persist, I would be happy to assist you in getting a second opinion with another mental health professional.

Meetings

- Normally my evaluation process takes 2 to 4 sessions. During this time, we will both decide if I am the best person to provide the services you need to reach your treatment goals.
- If we both agree to continue counseling, sessions are normally scheduled as follows: one 45-50-minute session weekly, at an agreed upon time. Some sessions may be longer, more frequent, or less frequent, depending on your personal needs.
- Fees: \$150 per initial visit-intake.

 \$130 per outpatient counseling session (45-60 minutes)

All fees are due at the time of service. If you are utilizing your insurance benefits, I will bill your insurance company. Please take the time to learn what services your individual insurance plan provides. Please note that if your insurance provider does not pay for services, you are responsible for all fees. Please be on time for each appointment.

- If you cannot make your scheduled appointment, I require 48-hour notice. A fee of \$50 will be charged if you do not show up for your appointment without giving 48-hour notice.
- There is no charge for telephone consultations if less than 5 minutes: Anything over that will be charged at the regular rate. As I am not always immediately available by phone, I will try to return your call within 24 hours. If you feel your mental health requires emergency attention, report to the emergency room of your nearest hospital or call 911.

Client Rights

As a client of Carol Griffith, LCPC, LSW you have the right to:

- Have your records be confidential. HIPAA is the federal Health Insurance Portability and Accountability Act, which protects your rights to keep your records confidential. The Privacy Practices statement identifies circumstances in which mental health professionals have a responsibility to report information to appropriate persons with or without the consent of the client.
- You may leave the premises at any time. You will not be detained against your wishes, unless you are an imminent danger to yourself or others.

- You have the right to discontinue services at any time. If discontinuation of services is done against professional advice, this will be documented in your counseling records. For those who are mandated by Court or probation/parole they may supersede the right to discontinue services at will.
- You can expect to receive treatment that is beneficial to you and respects your values.
- You can expect treatment to be free from emotional, sexual, and/or physical abuse.
- Sexual intimacy between a counselor and client is never appropriate and should be reported to the Board. Socializing outside of the office is not an option.
- You may report immoral or unethical activities to the Idaho Board of Professional Counselors and Marriage & Family Therapists through the State of Idaho Bureau of Occupational Licenses, 700 W. State Street, Boise, ID 83702, or contact them by phone 208-334-3233. You have the right to file a complaint without retaliation.
- To have access to the medical records in your case file at any time (requests for copies, or releases to other entities fall under the above stated guidelines).
- You are entitled to receive information about my counseling methods and techniques, the length of counseling, and the cost. There is no agency or person able to guarantee the outcome of counseling. While there are benefits to counseling, there are potential risks.
- You have the right to decline, or question any treatment procedure, or approach that I suggest.
- You have the right to a second opinion from another mental health practitioner. A referral to another provider will be given upon request.

****PLEASE NOTE:** For all children over the age of 14, The State of Idaho Laws regarding confidentiality are as follows:

No person in possession of a confidential statement made by a child over the age of fourteen (14) years in the course of treatment may disclose such information to the child's parent or others without the written permission of the child, unless such disclosure is necessary to obtain insurance coverage, to carry out the treatment plan or prevent harm to the child or others, or, unless authorized to disclose such information by Order of the Court.

[16-2428, added 1997, ch. 404, sec. 1, p. 1297]

A separate form will be provided for adolescents (minor over 14 years of age) and their parents to sign, labeled Adolescent Informed Consent Form.

My Signature below indicates that I acknowledge having read and agree to Carol Griffith, LCPC, LSW's Office Policy, which includes information regarding how to Protect the Privacy of Your Health Information, Effective Date 4/14/03. My signature also gives my consent to release my information for billing purposes to my insurance company, if applicable. I understand that there are therapeutic reasons for the policies, and agree to comply with them as part of my commitment to counseling. I understand that I am responsible for payment of fees at the time of service. I further understand that when there are special considerations, certain requirements may be waived as long as the agreement is clearly stated and agreeable to both client and counselor.

Signature

Date

Printed Name

Signature of Counselor

Date

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