**OFFICE POLICIES**

**and**

**GENERAL CLIENT INFORMATION**

***This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis.***

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to the therapist that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. The therapist will use his/her clinical judgment when revealing such information. The therapist will not release records to any outside party unless he/she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the biographical sheet.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct your therapist only the minimum necessary information will be communicated to the carrier. The therapist has no control over, or knowledge of, what insurance companies do with the information s/he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**CONSULTATION:** Therapists consult regularly with other professionals regarding his/her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**E–MAILS, CELL PHONES, COMPUTERS, and FAXES:**It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication.  E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them.  While data on New Vision Counseling’s laptop(s) is encrypted, e-mails and e-faxes are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office. New Vision Counseling’s laptop(s) is equipped with a firewall, a virus protection and a password, and all confidential information from each computer is backed up on a regular basis onto an encrypted hard-drive. Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes.  If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters.   Please do not use texts, e-mail, voice mail, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of the therapist’s profession require that your treatment records are kept for at least 7 years. Unless otherwise agreed to be necessary, the therapist will maintain clinical records only as long as is mandated by Texas law. If you have concerns regarding the treatment records, please discuss them with your therapist. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when the therapist assesses that releasing such information might be harmful in any way. In such a case, the therapist will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, the therapist will release information to any agency/person you specify unless he/she assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, the therapist will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact your therapist between sessions, please leave a message for Keisha Butler

, LPC-S at (214)298-7647 or DeNette Vital, LPC-S at (469)658-5457 and your call will be returned as soon as possible. The therapists check their messages a few times during the daytime only, unless they are out of town. If an emergency situation arises, please call 911. Please do not use email or texts for emergencies. The therapists do not always check their email or texts daily.

**PAYMENTS & INSURANCE REIMBURSEMENT:** IndividualClients are expected to pay the standard fee of $100.00 per 45 minutes, $125.00 per 60 minutes, or $175.00 per 90 minutes at the beginning of each session unless other arrangements have been made. Couples and Families are expected to pay $150.00 per 45 minutes, $175.00 per 60 minutes, or $225.00 per 90 minutes at the beginning of each session unless other arrangements have been made. The fee for Off-site sessions is $200.00 per 60 minutes (anything over 30 minutes is considered a 60 minute session and would incur the $200.00 fee). Telephone conversations, writing and reading of reports (i.e. disability assessments, leave assessments, etc.), consultation with other professionals, release of information, reading records, longer sessions, etc. will be charged at the same rates listed above, unless indicated and agreed upon otherwise. Please notify your therapist if any problems arise during the course of therapy regarding your ability to make timely payments. If filing insurance, the therapist will file on your behalf. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, your therapist can use legal or other means (courts, collection agencies, etc.) to obtain payment.

**THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, the therapist is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. The therapist **provides neither custody evaluation recommendation** **nor medication or prescription recommendation nor legal advice**, as these activities do not fall within her scope of practice.

**TERMINATION**: As set forth above, after the first couple of meetings, your therapist will assess if s/he can be of benefit to you. The therapists do not work with clients who, in his/her opinion, s/he cannot help.  In such a case, if appropriate, she will give you referrals that you can contact.  If at any point during psychotherapy the therapist either assesses that s/he is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, s/he will discuss with you the termination of treatment and conduct pre-termination counseling.  In such a case, if appropriate and/or necessary, your therapist would give you a couple of referrals that may be of help to you.  If you request it and authorize it in writing, your therapist will talk to the psychotherapist of your choice in order to help with the transition.  If at any time you want another professional's opinion or wish to consult with another therapist, s/he will give you a couple of referrals that you may want to contact, and if s/he has your written consent, s/he will provide her or him with the essential information needed.  You have the right to terminate therapy and communication at any time.  If you choose to do so, upon your request and if appropriate and possible, your therapist will provide you with names of other qualified professionals whose services you might prefer.

**DUAL RELATIONSHIPS:** Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs the therapist’s objectivity, clinical judgment or can be exploitative in nature. S/he will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, military bases, university campus, etc., multiple relationships are either unavoidable or expected. The therapist will never acknowledge working with anyone without his/her written permission. Many clients have chosen a therapist because they knew him/her before they entered therapy with him/her, and/or are personally aware of his/her professional work and achievements. Nevertheless, the therapist will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise your therapist if the dual or multiple relationship becomes uncomfortable for you in any way. The therapist will always listen carefully and respond to your feedback and will discontinue the dual relationship if s/he finds it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** At times, a therapist may conduct a web search on his/her clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with the therapist. Therapists do not accept friend requests from current or former clients on social networking sites, such as Facebook. Our therapists believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, our therapists request that clients not communicate with them via any interactive or social networking web sites.

**THERAPIST’S INCAPACITY OR DEATH:** In the event that your therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of your file and records. By signing this Office Policies and General Client Information form, you give your consent to allow another licensed mental health professional selected by her to take possession of your file and records and provide you with copies upon request, or to deliver them to a therapist of your choice. You will select a successor therapist within a reasonable time and will notify the appointed licensed mental health professional.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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