



***Kathryn Hope Bates, LPC***

*This document is intended to inform you of my policies, State and Federal Laws, and your rights.  
Please read and initial each section of this document.*

**Identifying Information:** Oz Therapy is a private counseling service providing services to adults, adolescents, and children. Treatment is offered in individual, couple, family, and group settings. I, Kathryn Bates, received a Bachelor of Science degree in Education from the Troy State University and a Master of Science degree in Psychology and Counseling from Troy University. I have been in practice since 2017. I am a Licensed Professional Counselor through the Alabama Board of Examiners in Counseling (ABEC). I utilize a variety of counseling techniques and approaches in my work with clients depending on their current state, condition, or abilities. All counseling approaches, procedures, and theories used will be discussed with you (upon your request) from an open, ethical, and honest perspective. [REDACTED]

**Confidentiality:** Per Alabama Law, if you are age 14 or older, nothing that we discuss in counseling can be shared with anyone else (includes authorities) unless: 1.) I fear that you may hurt yourself *or* someone else, 2.) You indicate that you *or* someone you know have been neglecting/abusing children, the elderly, or adults with disabilities, 3.) Your records are *ordered* in a court of law, 4.) You are suspected of committing a crime on the premises or against staff, 5.) You have a contagious life threatening illness and are potentially infecting others, 6.) I have to utilize legal means (including collections) to obtain payment for services, 7.) You give me your written consent to discuss your treatment with a particular individual/agency, 8.) You are having a medical/psychiatric emergency, or 9.) Oz Therapy is being evaluated/audited by qualified persons/agencies, 10.) Your case is being discussed between staff for treatment /quality of care purposes. Consents may be revoked at any time with no penalty or consequence to you. However, a revocation is not valid to the extent that I have previously acted in reliance on such authorization. You may also add consents at any time. To further protect your privacy/confidentiality, let Oz Therapy know *in writing* if you would prefer to be contacted at a telephone number/address other than the one listed on your paperwork. If I am counseling your child and they are under age 14, (children age 14 or older have the same confidentiality rights as adults) Alabama Law states that you have a right to information although I *prefer* to give your child the privacy they need to be open with their feelings. I do not need consent to discuss anything between legal guardians. If you are in marriage/family counseling, I prefer not to discuss your relationship without the other person(s) being present, unless they choose to leave the session. In order to release records or information to other parties, I require written consent from all applicable persons. [REDACTED]

**Emergency Situations:** Should you have a life-threatening emergency please dial 911 or go the nearest emergency room. I do not offer after-hours emergency care. Efforts will be made to reschedule your appointment in cases of inclement weather, please call if you are unsure; however, I typically follow local school systems including Ozark City and Dale County Schools. The best way to contact me via phone is (334) 625-0323. However, you should note that I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail or text line and your call will be returned as soon as possible. It may take up to two business days for non-urgent matters. You should also be aware that my number is not an emergency number, and I do not offer 24/7 crisis coverage. Therefore, if you are experiencing a crisis and cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital emergency room, call 911, or call the crisis number (800) 273-8255. [REDACTED]

**Financial Matters:** At this time I accepting reimbursements from Blue Cross Blue Shield of Alabama, Humana Tricare East, and Medicaid. I accept cash, PayPal, check or credit/debit cards. You are responsible for the full fee of service. Fees are due at the time of service. Payments not made toward services are subject to collections. Fees are as follows: 1 hour counseling session-\$150; half-hour counseling session-\$75; any session that goes over is subject to a fee of \$50/20 minutes; late cancellation/no-show fee is \$100; return check fee \$30. I usually have appointments back to back throughout the day and do my best to be punctual for your appointment, unless an emergency interrupts. I ask that you be punctual as well. If you are late for any reason, you will receive the remainder of your scheduled time. This is

necessary so that I can keep my following appointments at their scheduled time. If you are 15 minutes late or more for your appointment, you will be charged a \$50 NO-SHOW FEE and your appointment will need to be rescheduled. If you need to cancel or reschedule a session, a minimum notice of one full workday is required. If you miss a session without canceling, or cancel with less than one workday notice, my policy is to charge a \$50 NO-SHOW FEE to the card on file. You are required to keep a card on file. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. [REDACTED]

**Client Rights:** The length of time in counseling can vary from a few hours to years, depending on the needs and goals of the client. You are in complete control of this and may terminate counseling at any time. However, I ask that you participate in one last session with me in order to finalize our work together. Other client rights include: 1.) privacy, 2.) confidentiality, 3.) request access (upon written request) to the information in your record; if not considered detrimental to your mental/emotional health by Oz Therapy, 4.) complaint/grievance procedures, 5.) informed of the financial aspects of treatment, 6.) informed concerning services provided, presented in a setting and language appropriate to your condition and ability to understand, 7.) informed of *and* give consent prior to being involved in research projects, 8.) protected from harm, abuse, discrimination, neglect, or mistreatment, 9.) given human respect and dignity on an individual basis in a consistent humane manner, 10.) refuse, question, or request modification to services without reprisal, 11.) informed of the means for accessing advocates, an ombudsman, rights protection services within the program, the federal advocacy system and/or state advocacy services, 12.) free from seclusion, restraints, drugs, or other intervention administered for the purposes of punishment, discipline, or staff convenience, 13.) advised whenever special equipment such as two way mirrors, cameras, audio recorders, etc., are used, 14.) enforce rights in a court of competent jurisdiction or appropriate administrative proceeding, 15.) treatment and care in the least restrictive conditions necessary and available, 16.) have the same general rights as other citizens of Alabama. I am committed to providing services in a professional manner consistent with legal and ethical standards. If at any time you are dissatisfied with my services or feel as though you have been abused, neglected, exploited, or mistreated, please let me know. Your treatment or fees will not change because you have a complaint, suggestion, or concern with the way services at Oz Therapy are provided. If I am unable to resolve your concern(s), I will recommend another counselor to continue your treatment. If you feel that any ethical violations have occurred or any other violation of your rights you may contact the ABEC at (205) 458-8716. [REDACTED]

**Client Responsibilities:** Making the changes required to meet your counseling goals can be time consuming and challenging. You are expected to participate in the counseling relationship with honesty and integrity. You are also responsible for 1.) Providing to the best of your knowledge, accurate and complete information to the counselor during all sessions, 2.) Informing Oz Therapy of any changes in your physical/mental health, 3.) Your actions should you refuse treatment recommendations, 4) Protecting the confidentiality of other clients by not disclosing their names or any information shared by them, 5.) Attending scheduled appointments and activities or calling in advance if you are unable to attend, 6.) Being considerate of the facility, staff, and other clients, 7.) Taking part in planning, implementing, and following through with your treatment and discharge plans, 8) Notifying Oz Therapy if you would like family/friends to participate in treatment with you, 9.) Asking questions when you do not understand something, 10.) Securing reliable and safe transportation should you come to a session under the influence (if you do not have reliable transportation and leave without securing any, local authorities will be notified), 11.) Using food, beverages, and tobacco products only in designated areas of the facility, 12.) Using your session time wisely as they are time-limited. If you are given a standing appointment and no-show or cancel late more than twice consecutively, you will be removed from the rotation and placed back on it only after attending two consecutive appointments. [REDACTED]

**The Counseling Relationship:** A counseling relationship needs to function under professional guidelines in order to be effective. In order to maintain these professional guidelines, our contact will be limited to counseling sessions or other professional contact. If I see you in another setting I will protect your confidentiality by allowing you to initiate any interaction that occurs, if any. I am not allowed to befriend clients on social media networks, i.e. Facebook, Twitter, etc. for a period of 7 years following our last professional contact. I reserve the right to terminate our counseling relationship if I feel it is not in your best interests. In this case, I will make every attempt to safeguard your

mental/emotional state of mind and refer you to another counselor with as little disruption as possible. You will determine what goals you want to accomplish through your counseling with Oz Therapy. I will assist you by providing direction and guidance in order for you to achieve those goals. If you do not understand how my suggestions or recommendations are related to your goals, please ask for clarification. I may make changes to my treatment recommendations at any time based on new information. You will be informed of these changes and have the right to refuse them without penalty from my office. However, you may experience consequences from others, if applicable. I will provide counseling only in my area of expertise. Should your issue(s) be outside the scope of my abilities, I will seek supervision, education, and training so that I will be able to continue our counseling relationship for that particular issue(s). If I am unable to get the assistance necessary to provide services to you regarding that issue, I will refer you to a more qualified counselor. I may occasionally seek professional consultation concerning my counseling with you, but this consultation will be strictly confidential, as no identifying information will be disclosed. [REDACTED]

**Effects/Purpose of Counseling:** Counseling is for therapeutic purposes only and is NOT intended for use in legal proceedings. Neither records nor my comments are for or against individuals, but for the reaching of therapeutic goals. While benefits are expected from counseling, no specific outcome is guaranteed. Your time in counseling may lead to major changes in how you choose to view important issues in your life. The exact nature of these changes is not predictable and could affect relationships, your job/career, and your view of yourself/others. You must consider the potential pros/cons of counseling before undertaking it. During the counseling process, there may be periods of increased discomfort and strong emotions; this is common and tends to improve over time. The intent is to facilitate the best possible outcome based on your goals for counseling. Oz Therapy will do everything possible to minimize the risks associated with the counseling process. Therapy works best if you strive for closure versus resolution. Any testing will be explained prior to its administration. An individual session will be scheduled to discuss the outcome or results of such tests. You have the right to review any testing reports/summaries made regarding your testing or treatment with Oz Therapy. [REDACTED]

**Records:** Each session is subject to a written summary so that I have a record of your attendance and progress throughout therapy. All information exchanged between you and Oz Therapy is privileged and confidential. Your record is owned by you but is the property of Oz Therapy. Your records will be disposed of seven years after your case is closed. The purpose of your record is to 1.) Plan your care and treatment, 2.) Communicate among referral sources and health care professionals, 3.) Describe the care that you have received, 4.) Allow third party payers to verify that you received the services, 5.) Assess the appropriateness and quality of care that you received, 6.) Improve quality healthcare and achieve better client outcomes. You have the right to access your record if Oz Therapy deems that it will not ultimately cause harm to you or others. You must pay for all copying costs (\$3/page). You do not have access to 1.) Therapy notes, 2.) Information compiled in reasonable anticipation of *or* for use in civil, criminal or administrative actions or proceedings, 3.) Protected health information, 4.) Information that was obtained from someone other than a health care provider under a promise of confidentiality. If access to your record is denied, an explanation will be provided. If you feel that information contained in your record is incorrect or incomplete, you may ask to *add* information in order to amend the record. You must submit a request *in writing* and provide a valid explanation concerning the reason for your request. You may correct or amend information in your record unless 1.) Oz Therapy did not create the document to be amended/corrected, 2.) The record is accurate and complete, 3.) If the record is not available to you for reasons described in the paragraph above. If your request is denied, you may file a statement that you disagree, which will be added to your record. [REDACTED]

*Your signature below confirms that each section of this document has been explained to you, your questions have been answered to your satisfaction, and that you give Oz Therapy, your consent for treatment. It also verifies the accuracy of this statement, acknowledges your commitment to conform to the specifications stated in the Informed Consent & confirms your understanding that the information in this document may change without your knowledge as deemed appropriate by Oz Therapy.*

**Client Name** \_\_\_\_\_ **Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Name** \_\_\_\_\_ **Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor Name** Kathryn Hope Bates, LPC **Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_