

## NOTICE OF PRIVACY PRACTICES + INFORMED CONSENT FOR TREATMENT + PRACTICE POLICIES (2026)

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**Effective Date of this Notice:** 01/31/2026

(You may request a paper copy at any time, even if you receive this electronically.)

## Welcome

Welcome — I'm glad you're here.

Before we begin with policies and practical details, I want you to hear this clearly:

You are not too much. You are not broken. You are not beyond help.  
Every part of you makes sense in the context of your life, and every part of you is welcome here.

This document is your **Notice of Privacy Practices, Informed Consent for Treatment, and Practice Policies** for 2026. It is written to be readable, relational, and transparent. You are encouraged to take your time, pause, ask questions, and notice what your body needs as you read.

Therapy works best when there is clarity, choice, and safety. This form exists to support those values.

## PART A — INFORMED CONSENT FOR TREATMENT

### 1) About Me & My Approach

My name is **Kristi M. Estrada**. I am a **Licensed Professional Counselor Supervisor (LPC-S), Nationally Certified Counselor (NCC), and Somatic Experiencing Practitioner (SEP)** and founder of **The Healing Servant Team**.

My work is grounded in:

- Trauma-informed care
- Attachment repair
- Somatic (body-based) therapy
- Expressive and relational approaches
- Optional, client-guided integration of Christian faith **only when welcomed by you**

Healing here is collaborative. I do not “fix” you. We listen together — to your story, your body, your patterns, your protective strategies, and your strengths — and we build safety from the inside out.

## 2) Consent for Therapy Services (Voluntary + Ongoing)

By engaging in therapy with The Healing Servant Team, you are voluntarily consenting to participate in behavioral health services. Therapy may include, but is not limited to:

- Individual therapy
- Couples/family therapy (when appropriate and scheduled)
- Group therapy (when offered and applicable)
- Somatic/body-based interventions
- Attachment-focused and trauma-informed interventions
- Expressive, creative, and relational modalities (as clinically appropriate)

### **You understand:**

- Therapy is a collaborative process.
- Results cannot be guaranteed.
- Growth can include both relief and discomfort.
- You may pause, slow down, or stop any intervention at any time.
- Your consent is **ongoing** and may be withdrawn at any time.

If you withdraw consent or stop treatment, we will discuss next steps, risk reduction, safety planning if relevant, and referral options when appropriate.

## 3) Purpose of Treatment

Therapy is intended to support your mental, emotional, relational, and nervous-system health. Your goals may include (but are not limited to): improved regulation, reduced symptoms, increased self-worth, better boundaries, healing from trauma, improved relationships, and greater life functioning.

## 4) General Procedures, Benefits, Limitations, and Risks

### **A. Procedures**

Therapy may involve:

- Talking and reflecting on experiences, patterns, relationships, emotions, beliefs
- Skills for regulation, boundaries, communication, and coping
- Tracking body sensations and nervous-system responses
- Exploring attachment patterns, grief, trauma impacts, and protective strategies
- Resourcing, stabilization, titration (going slowly), and repair-based work
- Homework or between-session supports (always optional and collaborative)

### **B. Potential benefits**

Benefits may include improved emotional regulation, greater insight, symptom reduction, improved relationships, increased resilience, and improved functioning.

## C. Limitations and risks

- Outcomes cannot be guaranteed.
- You may experience temporary increases in emotion, fatigue, vulnerability, or sensitivity as you process stress or trauma.
- You may encounter discomfort when exploring painful material.
- We will pace work carefully and prioritize safety and stabilization.

## 5) Your Participation in the Treatment Plan

Therapy works best when it is collaborative. You have the right to:

- Participate in developing and reviewing your treatment plan
- Request revisions as your needs change
- Ask questions about methods, pacing, and alternatives
- Request a summary/explanation of aspects of your condition and treatment, as clinically appropriate

## 6) Refusal, Withdrawal, and Possible Consequences

You may refuse or withdraw from treatment or from any specific intervention at any time. If you discontinue treatment, possible consequences can include unresolved symptoms, reduced support during stressors, and loss of continuity of care. We will collaborate to reduce risk and support a thoughtful transition whenever possible.

## 7) Supervision, Consultation, and Treatment Team (As Applicable)

To support quality care, ethical practice, and clinical excellence:

- I may consult with other licensed clinicians or within The Healing Servant Team.
- Consultation uses the **minimum necessary** information and protects identifying details whenever possible.

If services are provided by a **supervised associate, intern, or clinician under supervision**, the supervising clinician may review the case and documentation to support safe and ethical care. Supervision is a standard professional practice designed to improve treatment quality.

## 8) Recording, Observation, and Third Parties (Required Consent)

- **No session is audio-recorded or video-recorded** without your **separate written consent**, signed and dated **in advance**.
- **No third party** (including a student, trainee, observer, or other clinician) will observe sessions without your **separate written consent**, signed and dated **in advance**.
- If recording or observation is ever requested, you may decline without any penalty to your care.

## PART B — SOMATIC & BODY-BASED THERAPY CONSENT

### 9) What Somatic Therapy Is

Somatic therapy focuses on how trauma, stress, and emotion live in the body. This may include attention to:

- Breath
- Muscle tension or relaxation
- Posture
- Movement or stillness
- Sensations (warmth, heaviness, tightness, tingling, numbness)

You are always in control of your body and your pace. Somatic work is **consent-based** and **titrated** (we go slowly enough to stay safe).

#### **B. Touch (Optional; Never Required)**

Somatic therapy does **not** require physical touch.

If touch is ever clinically indicated, it will only occur:

- With explicit discussion beforehand
- With clear, specific consent
- With your right to decline or stop at any time
- With alternatives always available (self-touch, grounding objects, pillows, posture/movement options)

If you consent to touch, it will be professional, clinically appropriate, and focused on regulation/support. You may revoke consent at any time, including mid-session.

#### **B. Somatic work may involve discomfort**

Somatic therapy can bring up emotions or body responses (tension, sadness, anger, anxiety, fatigue). We will pace carefully and prioritize stabilization over intensity. Your safety and dignity guide the process.

## PART C — TELEHEALTH + IN-PERSON SERVICES

### 10) In-Person Services

In-person sessions take place in a professional clinical setting. You may request accommodations where reasonable (lighting, seating, pacing) to support nervous-system safety.

## 11) Telehealth Services Consent

This practice offers telehealth when clinically appropriate. Telehealth may occur via interactive audio/video platform and/or other secure electronic methods.

### A. Telehealth risks and limitations (explicit)

You understand that telehealth includes additional risks and limitations, including:

- **Inherent confidentiality risks of electronic communication** (privacy cannot be guaranteed the same way as in-person, even with secure platforms)
- Technology failures (dropped calls, audio/video lag, power/internet issues)
- Limits to what can be observed/assessed through a screen
- Telehealth may be inappropriate in certain crises or when a higher level of care is needed

### B. Your responsibilities for privacy

You are responsible for:

- Choosing a private, quiet space where others cannot overhear
- Using your own headphones when possible
- Not driving during sessions (unless we explicitly agree it is safe and clinically appropriate—generally discouraged)
- Letting the clinician know if anyone else enters the room

### C. Identity verification

For safety and compliance, we may verify your identity at the start of sessions (e.g., name and DOB). If video is unavailable, additional identity verification steps may be used.

### D. Location and local emergency contacts (documented each telehealth session)

For telehealth sessions, we document:

- Mode of session (interactive audio/video/electronic communication)
- Verification of your **physical location** during the session
- Your **local emergency contact(s)** or local emergency resources for that location

This is a safety requirement and helps us respond appropriately if an emergency arises during a session.

### E. What happens if the session drops (tech failure plan)

If we get disconnected:

1. First, the clinician will attempt to reconnect within a few minutes.

2. If reconnection fails, the clinician will attempt to contact you via the agreed backup method (phone/portal).
3. If the clinician has a safety concern and cannot reach you, and/or you have disclosed imminent risk, we may contact your local emergency contact and/or local emergency services based on your location.

## F. Telehealth is not crisis care

The Healing Servant Team is not a 24-hour crisis service. If you are in imminent danger or need immediate help:

- Call **911**
- Call **988** (Suicide & Crisis Lifeline)
- Go to the nearest emergency room

## PART D — GROUP SERVICES (IF APPLICABLE)

### 12) Group Therapy Consent

If you participate in group therapy, you understand:

- Group therapy involves shared space with other participants
- Confidentiality is requested but cannot be fully guaranteed
- You agree not to disclose identifying information about other members outside the group
- Participation is voluntary and may be discontinued

## PART E — AI USE DISCLOSURE

### 13) Use of Artificial Intelligence (AI) in Practice

The Healing Servant Team may utilize limited AI-assisted tools only to support **administrative organization and documentation efficiency** (e.g., formatting notes, organizing non-clinical workflow).

Clarifications:

- AI is **not** used to provide therapy
- AI does not replace clinical judgment
- AI does not independently analyze you or your sessions
- All clinical decisions remain human-led
- Any tools used are selected to support privacy and ethical standards

You may request additional information at any time.

## PART F — NOTICE OF PRIVACY PRACTICES (HIPAA)

### 14) Our Legal Duties

This Notice describes how we may use and disclose your protected health information (PHI) and how you can access it.

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of Privacy Practices
- Follow the terms of the Notice currently in effect
- Notify you as required by law if a breach of unsecured PHI occurs

**Effective Date:** 01/31/2026

If our privacy practices materially change, we will update this Notice and provide you access to the updated version. You may be asked to acknowledge updated policies when required.

### 15) How We May Use and Disclose Your PHI (Without Your Authorization)

We may use and disclose PHI for:

#### **A. Treatment**

To provide, coordinate, or manage your care (including consultations and coordination with other providers involved in your treatment).

#### **B. Payment**

For billing, claims, eligibility verification, and payment activities (including collecting copays and account management).

#### **C. Health Care Operations**

For quality improvement, training/supervision where applicable, administrative operations, auditing, and practice management.

#### **D. As required by law / safety / public protection**

We may disclose PHI when required by law, including:

- If there is risk of serious harm to yourself or others
- Suspected abuse or neglect of a child, elder, or vulnerable/dependent adult
- Court orders, subpoenas, or other legal mandates
- Health oversight activities as permitted by law

When disclosure is required, we disclose only the **minimum necessary** information when applicable.

## 16) Uses and Disclosures That Require Your Written Authorization

Most disclosures outside treatment/payment/operations require your written authorization, including:

- Sharing information with family members (unless legally authorized)
- Sharing information with employers, attorneys, schools, or other third parties (unless required by law)

You may revoke an authorization in writing at any time, except to the extent action has already been taken based on it.

## 17) Your Rights Regarding Your PHI

You have the right to:

1. **Get a copy of your records** (with some legal exceptions)
2. **Request corrections/amendments** to your record
3. **Request confidential communications** (e.g., a different mailing address)
4. **Ask us to limit what we use/share** (we may not always be able to agree, but we will consider your request)
5. **Get a list of certain disclosures**
6. **Get a copy of this Notice at any time**
7. **Receive a paper copy of this Notice at any time**, even if you agreed to receive it electronically
8. **File a privacy complaint without retaliation**

### How to request records or amendments

Requests must be submitted in writing through the client portal or by emailing [info@healingservant.com](mailto:info@healingservant.com). We will respond within a reasonable timeframe consistent with law and professional standards. Reasonable fees may apply for copies as permitted by law.

## 18) Complaints (Privacy and Board Concerns)

### A. Privacy complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- The Healing Servant Team (contact information below), and/or
- The U.S. Department of Health & Human Services (HHS)

You will not be penalized or retaliated against for filing a complaint.

#### Privacy Contact:

Kristi M. Estrada, LPC-S, NCC, SEP  
Phone: 602-610-8250 | Email: [info@healingservant.com](mailto:info@healingservant.com)

### B. Board concerns

You may also contact the **Arizona Board of Behavioral Health Examiners** regarding professional concerns:

1740 W Adams St, Suite 3600, Phoenix, AZ 85007 | 602-542-1882

## PART G — PRACTICE POLICIES

### 19) Public Encounters & Social Media

Your privacy matters.

If we see each other in public, I will protect your confidentiality by not initiating contact unless you initiate it first. If you greet me, I will respond briefly and respectfully. We will not discuss therapy content in public.

Social media: to protect privacy and boundaries, the practice does not engage in online “friend/follow” relationships with current clients in ways that create dual relationships or risk confidentiality. You may view public content, but please consider privacy risks.

### 20) Client Portal, Secure Messaging, and Communication Limits

You have access to a secure client portal where you can:

- Schedule, cancel, or reschedule appointments (within policy timeframes)
- Review upcoming appointments
- Send secure messages for administrative questions and brief check-ins

#### **Important notes:**

- Messages are not monitored 24/7
- Messaging is not a substitute for therapy sessions or crisis services
- Clinical issues may be addressed in-session when appropriate

If anything about communication feels confusing or stressful, we welcome the conversation.

### 21) Emergencies & Crisis Care

The Healing Servant Team is not a 24-hour crisis service.

In an emergency:

- Call **911**
- Call **988**
- Go to the nearest emergency room

You are encouraged to identify additional supports outside therapy.

### 22) Fees, Billing, Scheduling, Cancellations, Collections, Refunds

## **A. Fees (unless otherwise agreed in writing)**

- Initial intake session: **\$180**
- Individual therapy session: **\$150**
- Couples/family session: **\$150**
- Group therapy: **\$100/hour** (when applicable)

## **B. Late cancellation / no-show policy**

If an appointment is not canceled/rescheduled at least **24 hours** in advance, a **\$50** late cancellation/no-show fee may be charged. Exceptions may be made for emergencies at clinician discretion.

## **C. Returned payments and collections**

A fee may be charged for returned payments (e.g., returned checks). If an account is sent to collections, you may be responsible for reasonable collection costs as permitted by law.

## **D. Refund policy**

Refunds require a written request. The practice will respond within a reasonable time (for example, within 10 business days). Refunds are handled consistent with services rendered and applicable laws/policies.

## **PART H — CONSENT & ACKNOWLEDGMENT**

By signing/acknowledging this document, you confirm:

- You have read and understood this Notice of Privacy Practices, Informed Consent for Treatment, and Practice Policies
- You had the opportunity to ask questions and receive answers
- You consent to treatment as described
- You understand somatic therapy consent, including that touch is optional and never required
- You understand telehealth risks and requirements (including verification of location and local emergency contact/resources each telehealth session)
- You understand privacy rights and how to file a complaint
- You understand there is no recording/observation without separate written consent