Valerie Hyatt Martin, LCSW
Licensed Clinical Social Worker

Professional Disclosure and Consent for Treatment

Let me introduce myself...

My name is Valerie Hyatt-Martin and I am a Licensed Clinical Social Worker. I received a Master of Science in Social Work from the University of Texas at Arlington in 2007. I have been licensed by the Texas State Board of Social Work Examiners since 2007 to practice social work and since 2011 as an independent practitioner. I have worked in community agencies, as well as public schools, working with individuals, and families.

I believe people can make changes that promote healthier life choices and relationships. If treatment is not working for you and you would like to work with another counselor, at any time, I will do my best to help you find a qualified person.

About telehealth appointments:

At this time clients are seen by appointment via teletherapy. Appointments are made by calling/texting 682-435-2915, or by emailing your request to hyattmartinlcsw@gmail.com. I maintain my own appointment calendar, so if I do not answer please leave your name and phone number and I will call you back for scheduling. Appointments are 55-minute sessions. If your appointment is scheduled before 8:30 AM or after 5:00 PM be aware the front doors will be locked. I will open the door for you right before your session. During the initial session, we will discuss the frequency and number of sessions needed. This is variable and dependent on many factors. We will try to schedule sessions for your convenience. I will tell you in advance of any other times we cannot meet.

Fees

The self-pay fee for a one-hour individual counseling session is $125.00. Payment in cash, check, debit/credit. Insurance co-pays and co-insurance depend on the individual's insurance coverage. Fees may be adjusted via a sliding scale based on income and will be determined prior to the client's first session.

By signing this document, I authorize payment of insurance benefits to Valerie Hyatt Martin, LCSW and accept responsibility for all services rendered and it is my responsibility to pay or prepay any deductible, copayment or coinsurance amounts at the time of service. A $30.00 service charge will be incurred for any returned check.

I understand I will be charged and agree to pay for appointments I fail to keep and do not cancel at least 24 hours in advance. A missed appointment fee of $50.00 will be billed for late cancellation/no show. There are emergencies which do occur and the first late cancellation/no show due to an emergency will not result in a charge.

I understand failure to pay as outlined above may result in additional billing, collection agency, and/or legal fees for which I will also be responsible for.

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Confidentiality

The information you share in counseling is protected health information and is generally considered confidential by both Texas Law and federal regulations. Your counseling file can be subpoenaed in Texas through a court order (signed only by a judge) but it is considered privileged in the federal court system. Valerie Hyatt Martin, LCSW is mandated by Licensing requirements to breach confidentiality if the following is discovered:

1. You are threatening self-harm or suicide
2. You are threatening to harm another or express homicidal intentions
3. A child has been or is being abused or neglected
4. A vulnerable adult has been or is being abused or neglected
5. If you wish to have your health information released to another party, you must sign a specific Consent to Release Information form

Informed Consent

Please sign the next page of this document. Your signature verifies you have been given this document and the Health Insurance Portability and Accountability Act (HIPAA) information that follows; that you have read and understand this information, and you consent to counseling.

HIPAA OF 1996

This notice describes how medical information about you may be used, disclosed, and how you can obtain access to the information. A copy of the statement is available upon request.

All information revealed by you in a counseling session and most information placed in your counseling file (all medical records or other individually identifiable health information held or disclosed in any form (electronic, paper, or oral) is considered protected health information by HIPAA. Your protected health information cannot be distributed to anyone else without your voluntary written consent. The exceptions to this are defined below.

Use or disclosure of the following protected health information does ***not*** require your authorization.

1. Uses and disclosures required by law (e.g. files court ordered by a judge)
2. Uses and disclosures about victims of abuse, neglect or domestic violence
3. Uses and disclosures for health and oversight activities (e.g. correcting records or correcting records already disclosed)
4. Uses and disclosures for judicial and administrative proceedings (e.g. a case where you are claiming malpractice or a breach of ethics)
5. Uses and disclosures for law enforcement purposes (e.g. if you intend to harm someone else)

6. Uses and disclosures for research purpose (e.g. using client information in research, but always maintaining client confidentiality)
7. Uses and disclosures to avert a serious threat to health or safety (e.g. calling probate court for a commitment hearing)
8. Uses and disclosures for Workers 'Compensation (e.g. basic information obtained in counseling as a result of your Workers 'Compensation claim)

Your Rights as a Counseling Client under HIPPA:

1. As a client you have the right to see your counseling file. This file copy will consist only of documents generated by >>>>>Psychotherapy notes are afforded special privacy protection under HIPAA and are excluded from this right.
2. 2. As a client you have the right to receive a history of all disclosures of protected health information
3. As a client you have the right to restrict the use and disclosure of your protected health information for the purpose of treatment, payment and operations. If you choose to release any protected health information, you will be required to sign a Consent to Release Information form detailing exactly to whom and what information you specifically choose to have disclosed.

Instructions

Prior to your first counseling session, please sign below indicating you have received, read, and understand the contents of this document. This document will be placed in your counseling file. Please do not sign this form if you do not understand any part of the Professional Disclosure Statement and Consent for Treatment or the HIPAA Client's Rights.

Please sign below:

I acknowledge I have received and read Valerie Hyatt Martin LCSW's Professional Disclosure Statement and Consent for Treatment for myself or as parent/guardian of a minor child. My signature below confirms I understand and accept all the information contained in the Disclosure and Consent for Treatment and the HIPAA Client's Rights.

_____

Print Name

_____ _____

Client Signature Date

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CLIENT INFORMATION

Personal Information (Please Print)

Client's Name_____

Client Birth Date:_____

Parent/Guardian Name (if applicable)

_____

Address: _____

City_____ Zip_____

Telephone numbers:

Home: _____

Cell:_____

Email: _____

Emergency Contact:

Name:_____

Home or Cell**:**_____

Fill out for insurance claims (if applicable)

Primary Insurance: _____

Name of insured: _____

DOB: ____/____/____

ID# of Insured: _____

Group_____

Relationship to Client:_____

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Appointment Reminders:

Would you like to receive an appointment reminder 24 hour prior to your visit?
Yes____No____

Do you prefer to be reminded via text? Yes____ No____

Do you prefer to be reminded via email? Yes____ No____

Do you give consent for communication via text?

Yes____ No____

Do you give consent for communication via email? Yes____ No_____