

CLIENT’S RIGHTS AND INFORMATION

The purpose of this information is to provide you your rights and responsibilities.

Below is general information about our practice, along with some questions you might want to ask. Although this paperwork may seem long and/or complex, it is important you read and understand them before consenting to therapy services. Therapy typically begins with an initial assessment/ evaluation to determine goals & method of treatment. This can take one or more sessions depending on the individual, situation and circumstance. During this time, please evaluate and assess your goals as well to determine if the therapist and our establishment are right for you. You are entitled to ask your therapist questions regarding our services at any time.

- I. **Session & Other Fees:** These fees are the out of pocket/self-pay fees per session for each therapist. In the event your therapist is in network with your insurance plan, this fee may be subject to change. The returned check fee is \$25 for each returned check from your bank/financial institution. Other fees can vary which include: legal records management, emergency phone calls, letters written on behalf of clients, clinical reports, etc.

Dr. Cude	\$125	Linda Doak	\$100	Laura Edmonds	\$100
Dr. MacKay	\$125	Bransha Gardner	\$100	Courtney Burns	\$100
Michael Denson	\$100	Sindhu Jefferson	\$100	J. P. Foster	\$100

It is customary for co-payments/payments to be made at the time of the session. If there are financial need to be considered, please talk this over with your therapist (e.g. a need to pay out the deductible or balance, etc.)

- II. **Insurance:**
We file in network Primary insurance only. We can provide you with the necessary paperwork for filing insurance out of network. If your insurance is to be utilized, you will be responsible for your co-pay and/or deductible.

- III. **Records and Confidentiality:**
All of your communication becomes part of the clinical record, which can be accessible to you if requested. There may be a fee when releasing records which can be discussed with your therapist in the event it is needed. Your therapist will keep confidential anything that is communicated, with the following exceptions: a) you direct or give permission to tell someone else; b) your therapist determines that you are a danger to yourself or others; c) your therapist is ordered by the courts to disclose information; d) your therapist becomes aware of child abuse, elder abuse, or sexual impropriety by a doctor, minister, professional counselor, etc.

- IV. **Cancellation/No Show Policy:**
Please be aware and understand that failure to call 24 hours in advance for cancellation of an appointment will result in you being billed a \$50 fee. If you see Dr. Jana MacKay, the late cancellation/no show fee is \$75. Your scheduled appointment has been set for you **only**. Please be considerate of others who may need help as well. *We offer electronic appointment reminders that can help avoid these fees. In the event you do not receive a reminder requested, you are still ultimately responsible for all appointments once set.*

- V. **About Counseling:**
Counseling is a process that helps individuals, couples and families identify problems, establish goals, and identify pathways for achieving these goals. This process can have benefits and risks. Counselors are trained to assist you in changing troublesome problems in regards to your thoughts, feelings, behaviors, and relationships. This often involves discussing aspects of your life which may result in feelings of sadness, anger, frustration & loneliness, but can also have many benefits. Therapy requires a large amount of time, money, commitment, energy, and has no guarantee of what you will experience. With that said, experience and research shows that patients who actively work on their problems both in & outside counseling sessions, and take responsibility for changing their own thoughts and behaviors are *more likely* to achieve their goals. They also receive more benefits from counseling than those who do not. Please consider this as you go through this journey. Keep in mind, as a client you have the right to refuse to participate in treatment or to terminate treatment at your discretion.

VI. Other Information:

This office uses a voice mail system in order to provide our patients with 24-hour access. The voice mail is checked many times during the day and evenings in case emergencies arise. Please leave a voice mail if you miss us that way we can return your call as soon as possible.

Any person wishing to make a complaint concerning an ethical, legal or personal right violation may do so by contacting the Texas State Board of Examiners of Professional Counselors or the Texas LPC Board Phone is (512) 834-6658, LMFT Board Phone (800) 942-5540, or to the Professional Licensing and Credentialing Division (800) 832-9623.

QUESTIONS YOU MAY WANT TO ASK**I. About Therapy:**

- A. How often will we meet?
- B. About how many sessions will it take?
- C. What should I do if therapy isn't working?
- D. Will I have to take any tests? What kind?
- E. How does your kind of therapy work?
- F. What are the possible risks involved? (divorce, depression, etc.)
- G. What percentage of clients improve? In what ways?
- H. What percentage of clients worsen?
- I. What percentage of clients improve or get worse without therapy?

II. Alternatives:

- A. What other types of therapy or help is there? (support groups)
- B. How often do they work? What are the risks of these other approaches?

III. Confidentiality:

- A. What kinds of records do you keep? Who has access to them? (Insurance companies, supervisors, etc.)
- B. Under what conditions are you allowed to tell others about the things we discuss?
- C. Do other members of my family, or of the group, have access to information?

IV. Appointments:

- A. How are appointments scheduled?
- B. How long are the sessions? Do I have to pay more for longer ones?
- C. If you are not available, who is there that I can talk to?
- D. How can I reach you in an emergency?
- E. What happens if the weather is bad or I'm sick?

V. Money:

- A. What is your fee?
- B. How do I need to pay?
- C. Do I need to pay for a missed session?
- D. Do I need to pay for telephone calls or letters?
- E. What are your policies about raising fees?
- F. If I lose my source of income, can my fee be lowered?
- G. If I do not pay my fee, will you take me to small claims court? Do you use a collection agency or lawyer? Under what circumstances?

VI. General:

- A. What is your training and experience? Are you licensed? Supervised? Board Certified? Who can I talk to if I have a complaint about counseling that we can't work out?

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices as a requirement under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPPA) of 1996. Although Las Colinas Counseling Center has always had privacy and patient confidentiality standards in place to limit unauthorized access or disclosure of personal health information, the new privacy rule provides additional safeguards for ensuring that health information is adequately protected and is used to provide quality patient care.

The Notice explains how Las Colinas Counseling Center may use and share your personal health information to carry out treatment, payment of services and health care operations. Other reasons permitted or required by law are also referred to in the notice. The notice explains your rights to read and control your protected health information and explains the responsibility Las Colinas Counseling Center has to protect you.

Personal health information may be about your past, present, or future physical or mental health or condition related to health care services. It could include your age, ethnicity, or other personal statistics. You have the right to do the following:

- Read and copy your personal health information
- Ask for limits to be put on the use or sharing of your health information
- Ask that communication about your personal health information be done through ways that further protect your privacy
- Ask to have corrections made to your personal health information
- Get a listing of where and when your personal information was shared

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive:

Required Uses and Disclosures:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health with a third party. We may disclose your protected health information from time to time to another physician, or provider who becomes involved in your care by providing assistance with your diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment required.

Payment

Your protected health information will be used to obtain payment for your health care services. This may include certain activities that Las Colinas Counseling Center might undertake that may need insurance approval before insurance will pay (reviewing services provided to determine medical necessity).

Health Care Operations

Las Colinas Counseling Center may use or disclose your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, training of students, and conducting or arranging for other health care related activities.

Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify a person who may have been exposed to a disease or may be at risk for contracting the disease
- Notify the appropriate government authority if we believe a patient is the victim of abuse, neglect, or domestic violence as required by law

Communicable Diseases

Las Colinas Counseling Center may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk for contracting or spreading the disease or condition.

Health Oversight

Las Colinas Counseling Center may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefits program, other government regulatory programs, and civil rights laws.

Food and Drug Administration

Las Colinas Counseling may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations
- Track products
- Enable product recalls
- Make repairs or replacements
- Conduct post-marketing surveillance as required

Legal Proceedings

Las Colinas Counseling Center may disclose protected health information during any judicial or administrative proceeding, in response to a court order and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

Las Colinas Counseling Center may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location\
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at Las Colinas Counseling Center
- Medical emergencies