

**(KEEP THIS FOR YOUR RECORDS)**

**CLIENT'S RIGHTS AND INFORMATION**

**This copy is for you to keep for your records!**

When you come in for counseling, you are buying a service. Therefore, you need information to make a good decision. Below is general information about our practice, along with some questions you might want to ask. You are entitled to ask your therapist about any of these questions at any time. If you do not understand the answers please feel free to ask again.

I. **Session Fees:**

Dr. Cude	\$150	Sindhu Jefferson	\$140	Laura Edmonds	\$135
Linda Doak	\$135	Michael Denson	\$135	Jo Ellen Bartholomew	\$135
Aubrey Webster	\$135	Bransha Gardner	\$135	Courtney Burns	\$135
Avani Persaud	\$100	Su Jung	\$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.)

*The returned check fee is \$25 for each returned check from your financial institution.*

II. **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 your being billed a \$60 fee. Your scheduled appointment has been set for you only. Please be considerate of others who may need help as well.

III. **Insurance:**

We file in network **Primary** insurance only so please be sure to inform us if you have multiple insurance plans. 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. Please ask us if you have questions regarding this policy!

IV. **Records and Confidentiality:**

All of your communication becomes part of the clinical record, which is accessible to you in request. 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.

V. **About Counseling:**

Counseling is a process that helps individuals, couples and families identify problems, establish goals, and identify pathways for achieving these goals. Counselors are trained to assist patients in changing troublesome and problem causing thoughts, feelings, behaviors, and relationships. Experience and research shows that patients who actively work on their problems both in counseling sessions and outside, and take responsibility for changing their own thoughts and behaviors are *more likely* to achieve their goals and receive more benefit from counseling than those who do not. 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

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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?

The above information deals with most of the questions you will need to know. I will be happy to explain more about these issues and to answer other questions that you might have. This information will help you make your decision a good one. You can keep this information, and please read it carefully. We can look over it from time to time.

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**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.

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### **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

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