

## **Information and Professional Services Informed Consent**

Thank you for choosing Counseling Resource Center. Today's appointment will take approximately 45-50 minutes. We realize that coming to counseling is a major decision and you may have many questions. Today's session will include discussion about counseling practices, limitations, and risks. This document informs you of your rights, our policies, state and federal laws. If you have other questions or concerns, please feel free to ask.

### **Confidentiality**

You have the right to confidentiality. No information will be released without your written consent except as required by law. Such exceptions to confidentiality include:

1. We believe you are in imminent danger of hurting yourself or others.
2. By Texas State Law, we are obligated to report information concerning child and/or elder abuse to the Department of Children and Family Services.
3. We are required by law to release information such as a court ordered subpoena.
4. We may need to disclose information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims, as well as, information needed for billing and collection purposes.
5. If your therapist is a Licensed Professional Counselor Intern or a therapist with a Temporary license they are under the supervision of a Licensed Professional Counselor Supervisor. During supervision, a therapist may disclose certain information with their respective supervisor who then shares the obligation for confidentiality.
6. The counseling staff at the Counseling Resource Center also works as a team and your therapist may consult with other therapists and supervisors to provide the best possible care for their clients. All therapists and supervisors are held to the same confidentiality agreement.

Under the Health Insurance Portability & Accountability Act (HIPAA), you have certain rights to privacy regarding protected health information. You have, also, been given the HIPAA requirements concerning privacy policies. This information can and will be used to:

1. Conduct, plan and direct treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.

2. Obtain payment from third party payers.
3. Conduct normal healthcare operations such as quality assessments and physician certifications.

The owner of Counseling Resource Center is the custodian of the client files. They are maintained according to HIPAA guidelines and State law. In the event of a Counselor's death, disability, retirement or inability to provide counseling services, the owner of Counseling Resource Center will possess and maintain the clinical records.

### **Emergency Contact**

At Counseling Resource Center, we do not provide crisis intervention or intensive crisis counseling. If you have a crisis after office hours, please contact your physician, call the crisis hotline at 713-468-5463 (713-HOTLINE), or go to the nearest emergency room. If hospitalization occurs, please contact our office during business hours.

### **Payment Information**

All Counseling Resource Center Counselors are professionals, licensed with the State of Texas. There is a set fee for each session that is due prior to the appointment. Please speak to your counselor in the initial session to obtain a clear understanding of the fee.

I, \_\_\_\_\_, *have a clear understanding of the fee I will be charged.* \_\_\_\_\_

Client's printed Name

initials of client

### **Financial/Insurance Issues**

As a courtesy, we will bill your insurance company, HMO, responsible party or third party payer for you if you wish. Your co-pay is required at each session. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, you are required to pay the balance at that time. After 60 days an unpaid balance will be charged 1.5% interest/month. In the event that an overdue account is turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. We ask that every client authorize payment of medical benefits directly to the Counseling Resource Center.

### **Returned Check**

A \$45.00 fee will be assessed for any returned check to cover the bank fees.

## **Letter/Paperwork Fee**

A \$35.00 fee will be assessed for correspondence required for legal matters including, but not limited to, documentation for court, CPS, or lawyers. Additional fees may apply for other paperwork requested, appearances in court, or other entities.

## **Termination of Counseling**

Discussion and action toward counseling termination and/or referral will be conducted when:

1. Counseling goals have been achieved
2. You no longer want counseling or do not return for counseling
3. You are no longer benefitting from counseling
4. Counseling would otherwise not be in your best interest

## **Cancellations**

Please provide a 24 hour notice of cancellation. The advanced notice is standard practice in the counseling profession. Failure to provide notice will result in a cancellation fee of \$60.00. Counseling Resource Center has a 24 hour answering machine to assist you in cancelling in a timely manner.

Your signature below indicates you have read and understand this policy and have received the HIPAA Privacy Notice.

---

Client's/Legal Representative's printed name

---

Date

---

Client's/Legal Representative's Signature