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PATIENT INFORMATION AND CONSENT TO TREATMENT

I want to welcome you to counseling. As a counselor, my goal is to help people make positive growth changes in their lives and relationships. I am a Licensed Professional Counselor of the State of Texas, a Nationally Certified Counselor, and a Registered Play Therapist. My educational background includes a Master's degree in Education in the area of Counseling with a specialization in Play Therapy. My professional memberships include: The National Association of Play Therapy and Texas Association of Play Therapy. It is my commitment to provide you with high quality counseling and with all the information necessary to be informed about the counseling process. As a part of this effort, I am providing the following information about legal and ethical issues. If you agree to these stipulations, please sign this information sheet as your consent to treatment. If you have any questions about anything on this form, please discuss it with me. A copy of this information is available for your records.

1. Confidentiality: I am committed to the fullest extent allowed by Texas law. There are several exceptions; the following are the most common: 1) Any evidence of child abuse (past or present) must be reported. 2) If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself, it is my duty to report such action to authorities. 3) Sexual improprieties by a former therapist or counselor are a criminal offense must be reported. (You have certain rights in such reporting which your counselor can explain.) 4) Certain court orders/actions such as custody cases, malpractice actions, criminal cases, etc., 5) Electronic mails and texts are not confidential forms of correspondence. Emails become part of the client's record. and 6) Collection of fees. If you have any questions about this area, please feel free to discuss them with me.

2. Fees: My initial 90 minute appointment is \$250.00. My standard fee is \$120.00 per 45 minute session, payable at the time of the service provided. Email correspondence is only for setting up appointment times. If email is used to communicate other information a fee will be charged. Phone consultations over 10 minutes will also be charged according to the fee rates. See attached fee sheet for other services. Billing is done in the name of Laura Parsons. By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services (to you or your minor child) and agree to pay for them at the time of service or when billed. If services are not paid, then you agree to pay a service charge after 30 days' notice and if collection services are required, then you agree to pay attorney fees and/or collection fees and expenses. If client has out of network Mental Health insurance coverage, the counselor can give you a receipt to submit to your insurance company for possible reimbursement.

3. Client Rights. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to The Licensed Professional Counselor Board, 1100 West 49th Street, Austin, Texas 78756-3183, (512)834-6658.

4. Appointments. If you need to cancel an appointment, you are requested to let me know **Twenty-Four Hours** before your appointment time or you will be charged the regular session fee. Extenuating circumstances will be considered. If you miss an appointment without notification, you will be charged.

5. Right to withdraw from counseling. If a conflict arises for either the client or the counselor, either has the right to withdraw from the counseling process. If the counselor feels the need to withdraw from providing counseling, she will inform the client and provide appropriate referrals.

6. Record storage/interruption in service. If an unforeseen event occurs which renders your counselor unable to continue to provide service (illness, death, etc.) or if your counselor retires, Laura Parsons will provide you with information on obtaining your records should you need a referral.

7. Court. When spouses or other couples are seen as a family for counseling, **I will not testify**, at a future time on behalf of either spouse in the event of litigation between the spouses (e.g. civil litigation including, but not limited to divorce or disputed custody matters). **I will not voluntarily appear in court, will not provide written letters or testimony or any other form of legal support unless subpoenaed by a court of law. If individual's purpose in seeking counseling involves issues related to child custody matters, this should be made known to the counselor immediately. If legal actions occur in which your therapist is requested or subpoenaed to provide such testimony, you will be responsible to provide the following even if the subpoena is sent from the opposing side of the case...1) Travel expenses to and from the therapist office; 2) Hourly fee of \$350.00 including any preparation, consulting and research time. 3) At least \$2,000 will be expected prior to the court appearance. If there is a credit after the court appearance, the remainder will be returned to the client.**

8. Cultural or Language Difference. If cultural or language difference negatively impact prospects of successful therapy, you may ask for a referral to a therapist of your culture or who speaks your language. I will assist in such a referral if one can be found.

9. In the unlikely event that your therapist, in her clinical judgment believes you to be dangerous to yourself or to someone else, by signing the consent you authorize her to contact either the persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation. This would include, at her discretion, contacting an intended victim.

10. The services provided by Laura Parsons are counseling. There will be an assessment phase, a treatment phase, and a termination phase to the process. In the assessment phase, the therapist will talk with you to gain historical information and may request that you take some assessment instruments. She will discuss the results of any assessments with you. You will be encouraged to work with your therapist to establish some goals for your work together. In the treatment phase, your therapist will work with you using various methods to help resolve the issues that brought you to therapy. In the termination phase, therapy will usually be concluded by spacing out sessions over a period of time.

Fees

Initial Session 90 minutes	\$250.00
45 minute session	\$120.00
60 minute session	\$160.00
2 hour session	\$330.00
15 minute	\$40.00
Emails (other than appointment scheduling)	Depends on time spent

HIPAA Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective: April 14, 2003

Personal health information is only released in accordance with state and federal laws and the ethics of the counseling profession. This notice describes the policies related to the use and disclosure of the client's healthcare information.

Use and disclosure of protected health information for the purposes of providing services, providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow for the use and disclosure of health information for these purposes.

Treatment: This office may disclose your medical information to your doctor or other health care treatment provider, at the provider's request, for your treatment by the provider

Payment: This office may use or disclose your medical information to receive payments for covered health care services or to provide eligibility information to your health care provider when you receive treatment.

Healthcare Operations: This office may use or disclose your medical information (i) to conduct quality assessment and improvement activities (ii) to engage in care coordination or case management

For Health Services: This office may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law: This office must allow the U.S. Department of Health and Human Services to audit your records. This office may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

Client's Rights

As a client of a Licensed Professional Counselor, you have the following rights pertaining to your personal health information.

- 1) The right to request where you will be contacted (home, work, cell phone)
- 2) The right to release your medical records
 - a. written authorization is required to release records
 - b. the client has the right to revoke the release in writing
 - c. revocation is not valid to the extent that the treatment professional has acted in reliance on such previous authorization
- 3) The right to inspect and copy your medical billing records
 - a. the treatment professional may deny the request
 - b. the client may be charged for processing the request
- 4) The right to add information or amend your medical records
 - a. this request may be denied
 - b. if denied, the client has the right to file a disagreement statement
 - c. the disagreement statement and the response will be filed in the record
 - d. amendment requests must be in writing
- 5) The right to accounting of disclosures
 - a. effective for a six year period beginning the date the counselor came into compliance
 - b. exceptions: disclosure for treatment, payment, or healthcare operations, pursuant to a signed release, made to a client, or for national security or law enforcement
- 6) The right to request restrictions on uses and disclosures of your healthcare information
 - a. all requests must be in writing
 - b. the treatment professional has the right to deny the request
- 7) The right to complain
 - a. if unsatisfied with service, please first contact your treatment professional
 - b. if not satisfied with the response, the client has the right to complain to the U.S. Department of Health and Human Services
 - c. no retaliation will occur

8) Right to receive changes in policy

a. the client may request notification of any future changes

Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me. I have received a copy of the HIPAA Notice of Privacy Practices and Client's Rights. Feel free to keep the second copy. I am looking forward to working with you.

Date

Signature

Date

Signature

If patient is minor child, please put child's name here _____
Thank you.

Emergency Contacts:

Name

Phone Number

Relationship to You

Name

Phone Number

Relationship to You