

Ideal Life Counseling

Diona Breese, LMHC

License # MH4681

Mona McGregor, LMHC

License # MH8764

Informed Consent/ Client Information and Office Policy Statement

Welcome

We are excited you are choosing to pursue your journey for personal growth and wellness. We have written this to acquaint you with information relevant to counseling services, confidentiality and office policies. We will be happy to answer any questions you may have.

Aims and Goals

The major goal of counseling is to help you identify and cope more effectively with problems in daily living and to deal better with inner conflicts which may disrupt your ability to function effectively. This purpose is achieved through various avenues and tools depending on your personal needs. No two people are the same and each person's counseling agenda and goals will be individualized.

You are responsible for providing the necessary information to facilitate effective treatment. You are expected to play an active role in your counseling, including creating treatment goals and assessing your progress. From time to time you will be given therapeutic homework assignments for you to complete in between sessions. Your growth and progress depend much more on what you do between sessions than what happens in our sessions. You need to take an active role in your own healing and growth. There are times when therapy may seem uncomfortable, but we encourage you to stay with the process to fully reach the benefits. This is a safe place for you to explore new ways of dealing with past and present pain.

Confidentiality

Issues discussed in therapy are important and are generally legally protected as both confidential and privileged. However, there are limits to the privilege of confidentiality. These situations include 1) suspected abuse or neglect of a child, elderly person, or a disabled person, 2) when your therapist believes you are in danger of harming yourself or another human being or you are unable to take care of yourself, 3) if you report that you intend to physically injure someone the law requires your therapist to inform that person as well as legal authorities, 4) if your therapist is ordered by court to release information as part of a legal involvement in company litigation, etc. 5) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc. 6) in natural disasters whereby protected records may become exposed, 7) or when otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.

Social Media

We are unable to accept friend requests from current or former clients on any social media sites such as Facebook, Instagram or Twitter. Friending clients compromises your confidentiality and treatment boundaries. You are welcome to follow our professional Facebook pages Ideal Life Counseling, Diona Breese, LMHC and Mona McGregor, LMHC if you wish.

Text and Email

Text messages can be used for appointment scheduling issues. If you choose to text personal information, please be advised that we cannot guarantee confidentiality of the information. We can only provide you with minimal responses.

Emails are to be used for the same purpose. If you choose to email detailed information you agree you are doing so knowing the potential risk of sharing personal information over the internet. We will also only give minimal responses to an email.

Please write questions or concerns down and bring them to your scheduled session so that we can discuss during our time together.

If you choose to communicate through email or texting for issues regarding scheduling or cancellations, we are happy to do so. By understanding the confidentiality risks of these devices, you can make an informed choice about how to use those tools. We will assume that if you use any of these methods to contact us, you are giving permission to do the same.

Record Keeping

A clinical file is maintained including general medical records, treatment progress and goals, dates of service and notes describing our sessions. Clinical files are kept in a file that is locked when we leave our office. Your records will not be released without your prior written consent, unless in those situations as outlined in the Confidentiality section on the previous page.

Complaints/Concerns

You have a right and are encouraged to share any complaints and/or concerns with any aspect of your counseling. If you do not share we won't know there is an issue or concern. This is a great opportunity for you to practice speaking for yourself in an assertive and respectful manner.

Consent for Treatment

By signing below, you are stating that you have read and understand this two-page statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further consent to participate in evaluation and/or treatment.

I understand that I may withdraw from treatment at any time.

Name of Client: (Please Print) _____ Date: _____

Client Signature: _____

Licensed Mental Health Counselor: _____

IDEAL LIFE COUNSELING INITIAL CONSULTATION FORM

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Wk. Phone: _____ Cell: _____

May we call you at work: _____ Place of Employment: _____

E-Mail Address: _____ S.S. # _____

Age: _____ Date of Birth: _____ Religion: _____

Who May we thank for referring you to us? _____

Previous counseling or psychiatric treatment? When & With Whom: _____

Are you under the care of a Physician now? Drs. Name: _____

What medications are you currently taking? _____

Check the current stressors in your life:

Spouse	Employment	Retirement
Children	Health Problems	Religion
Parents	Recent Death	In-Laws
Money	Eating Problems	Relationship Over
Divorce/Separation	Marital Conflict	Legal Problems
Accident/Injury	Fired/Laid Off	Unwanted Sexual Experience
Sexual Problems	Infertility	

Have you ever been compulsive or over-involved with any of the following?

Gambling	Work	Sexual Activity
Neatness/Cleaning	Sugar/Chocolate	Worrying About Others
Food	Exercise	Religion
Dieting	Shopping	Controlling Others
Taking Care of Others	Bingo	Betting on Sporting Events

Marital History: _____

IDEAL LIFE COUNSELING

FEE AGREEMENT

This agreement is made this day of _____ 2020 between (client) hereinafter referred to as "Client" and Ideal Life Counseling (Diona Breese, LMHC or Mona McGregor, LMHC), hereinafter referred to as "Counselor".

The parties agree as follows:

1. The client retains and employs the Counselor to conduct assessments and/or mental health counseling services. Client agrees to pay Counselor \$160.00 (one hundred sixty dollars) at the time of the 45-50-minute session. An additional \$50.00 fee will be assessed for after hour emergency visits and/or weekend appointments.
2. We accept checks, cash credit cards and FSA/HSA cards. We also accept the following: Venmo, PayPal, Apple Pay and Zelle. If using one of these payment methods, we ask that payment is sent either before or directly after your session.
3. Client agrees to a \$25.00 fee for any check that is returned unpaid.
4. 24 HOUR CANCELLATION POLICY: CLIENT WILL BE CHARGED IN FULL FOR ANY COUNSELING SESSION WHICH THE CLIENT DOES NOT CANCEL 24 HOURS IN ADVANCE. IF MISSED APPOINTMENT IS SCHEDULED WITHIN THE SAME WEEK THEN THE FEE WILL BE WAIVED.

Client Signature: _____ Date: _____

Parent or Legal Guardian Signature (if minor): _____

Counselor's Signature: _____

IDEAL LIFE COUNSELING

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW EAP INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, and Health Care Operations

Ideal Life Counseling may use or disclose your protected health information (PHI), for treatment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations "
- Treatment is when Ideal Life Counseling provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when Ideal Life Counseling consults with another health care provider, such as your family physician, Drug/Alcohol treatment facility, or another therapist.
-Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use " applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure " applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

11. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for permission for purposes outside of treatment, and health care operations, I will obtain an authorization form from you before releasing this information. I will also need to obtain an authorization before releasing your EAP notes. "EAP notes " are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your EAP record. These notes are given a greater degree of protection than PHI.

You may revoke all authorizations (of PHI and EAP notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under policy.

11.1. Uses and Disclosures with Neither Consent nor Authorization

Ideal Life Counseling may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If Ideal Life Counseling has reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to your State's Department of Public Welfare.
- Adult and Domestic Abuse: If I have reasonable cause to believe that an older adult needs protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services I provided for you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

IV. Client's Rights and EAP Duties

Clients Rights:

- Right to Request Restrictions — You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen in the EAP. Upon your request, we will contact you at another phone number or address.)
- Right to Inspect and Copy — You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend — You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting — You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section IV of this Notice). On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy — You have the right to obtain a paper copy of the notice from Diona Breese, LMHC upon request, even if you have agreed to receive the notice electronically.

Ideal Life Counseling Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide notice by mail to you.

V. Complaints

You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

I may reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail.

Ideal Life Counseling

Acknowledgement of Receipt of Notice of Privacy Practices

Under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), we are required to attempt to obtain your written acknowledgement of receipt of the Notice of Privacy Practices.

By signing this form, I acknowledge receipt of Ideal Life Counseling's Notice of Privacy Practices

Signed: _____

Date: _____

Print Name: _____

IDEAL LIFE COUNSELING

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____

- Leave message with detailed information
- Leave message with call-back number only

Written Communication

- Mail to my home address

Work Telephone _____

- Leave message with detailed information
- Leave message with call-back number only

Other _____

Patient Signature: _____

Date: _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type key. T—Treatment Records; P=Payment Information; O=Healthcare Operations
- (3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail• O=Other