



Release of INFORMATION

Authorization for the use and disclosure of Protected Health INFORMATION (PHI) is only for the person or agency on this FORM.

I, _____, authorize _____
whose office is located at _____

to release/exchange by phone, fax, EMAIL or MAIL the PHI of:

Last tfirst Middle Date of Birth

With: _____ Exchange INFORMATION with

Received INFORMATION FROM

Disclose INFORMATION to

Other _____

The PHI to be disclosed includes the following: tfor the purpose of:

ASSESSMENT INFORMATION	RECOMMENDATIONS	Collaboration
Diagnosis	Results of Psychological Testing	Insurance
TREATMENT Planning Notes	Psychiatric Evaluation	Continued CARE/TREATMENT
Progress & TREATMENT Notes	Reasons for TERMINATION	Legal
Medication	Other _____	Other _____

Dates of records to be release: _____

Release will expire: End of 60 days
 TERMINATION of TREATMENT
 As of _____





By signing below I acknowledge that the above INFORMATION about ME MAY be released, discussed, or disclosed. I also understand that I MAY revoke this authorization at any TIME and MUST do so in writing and present this written revocation to MY therapist.

Client Signature

Date

Parent/Guardian/Legal Representative Signature

Date

Therapist Signature

Date



Consent for Electronic Communication

It may become useful during treatment to communicate by email, text message (e.g., “SMS”), fax, voicemail or other electronic methods of communication. Be advised that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept these messages. Also, if you choose to send emails, texts, fax or voicemails, they will be part of your clinical record. Some of the potential risks you might encounter using these methods of communication include:

- People in your home or other environments who access your phone, computer, or other devices that you use might read your email or text messages.
- Loss of cellular phone, computer, or other devices.
- Email accounts can be hacked.
- Text messages and emails are stored on servers.
- Mis-delivery of email to an incorrectly typed address.
- Third parties on the Internet such as server administrators who monitor Internet traffic might intercept your communication.

Please check the unsecured methods in which you approve to be contacted for appointment reminders, receive receipts, psycho-educational material etc.

- Email
- Text
- Voicemail
- Fax
- Other

My signature below indicates I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Printed Name

Signature

Date



RHEMA FOR LIVING
COUNSELING SERVICES

Informed Consent

Welcome to **Rhema For Living**. This Informed Consent document contains important information about my professional services and business policies. Please read carefully and ask questions you may have. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES: Psychotherapy varies depending on your needs and particular problems you hope to address. There are many different methods I may use to address problems/concerns/issues. Psychotherapy calls for an active effort on your part. For therapy to be successful, you will need to work on things we talk about both during our sessions and at home.

Clients often learn things about themselves that they don't like during sessions. Often growth cannot occur until past issues are experienced and confronted, which can cause distressing feelings such as sadness and anxiety. The success of therapy depends upon the quality of the efforts of both the therapist and client, along with the reality that clients are responsible for the lifestyle choices and changes that may result from therapy.

I will conduct an initial evaluation. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If not, I will provide you referrals to other practitioners whom I believe are better suited to help you. If you have questions about my techniques, we should discuss them whenever they arise.

CLIENT RIGHTS:

- Be treated with dignity and respect
- Know the qualification and professional experience of your therapist
- Privacy and confidentiality
- Ask questions regarding your treatment
- Know information regarding diagnosis, treatment philosophy, method, progress, and prognosis
- Participate in decisions regarding your treatment
- Know assessment results and have them explained to you in a manner that you understand
- Refuse treatment methods or recommendations
- End counseling at any time (please discuss reason for wanting to end counseling)

CLIENT RESPONSABILITIES

- Maintain your own personal health and safety
- Take an active role in the therapeutic process to include honestly sharing thoughts, feelings, and concerns



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- Help plan your goals
- Follow through with agreed upon goals
- Provide accurate information regarding past and present physical and psychological problems
- Keep scheduled appointments

PROFESSIONAL FEES: My hourly fee is \$110.00. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need. Other professional services include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. Although it is the goal of the therapist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I will release regarding a client's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

CANCELATION POLICY: Once an appointment is scheduled you will be required to pay for that appointment at the fee set for the length or purpose of the appointment unless 1 full business day notice is provided (a Monday morning appointment must be canceled by Friday morning). Cancellations with less than 24 hours' notice will be charged the full session fee. I do understand that circumstances beyond your control can arise. In specific cases the fee may be waived at my discretion. Excessive missing of appointments, whether paid or unpaid, will result in a reevaluation of our contract and your continuation in therapy. Please note that consistency in counseling and attending each session will provide you with the optimum potential to benefit from your therapeutic experience.

INSURANCE REIMBURSEMENT: Should you elect to utilize health insurance for services received, be aware that often insurance and managed care companies require information regarding diagnosis, symptoms, treatment goals, and prognosis about the insured before reimbursement is ever considered by them. Such companies may also request a copy of your records. When utilizing faxes, electronic communication devices



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and web-based records management systems, there is always a level of vulnerability that may not be preventable despite all safeguards that have been put in place.

CONTACTING ME: I am often not immediately available by telephone. I will usually not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voicemail. I will make every effort to return your call on the same day you make it, except for weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of another counselor to contact.

EMERGENCIES OR CRISIS: I will check email and voicemail and will return your call at my earliest opportunity. If you are unable to reach me, or if you have a life-threatening emergency, immediately call 911, or go to a hospital emergency room. Your safety and well-being is my primary concern.

CONFIDENTIALITY: Discussions between a therapist and a client are confidential. No information will be released without your written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: (can vary by state)

- Abuse and neglect of children
- Abuse neglect of elderly or dependent adult
- Danger to self or others
- Court orders
- Professional misconduct
- National Security Investigations

CONSENT TO TREATMENT: By signing the Informed Consent, you voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the therapist to provide such care, treatment, or services as are considered necessary and advisable. Signing indicates that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may stop such care, treatment, or services at any time.

Signature

Date



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Notice of Privacy Practices

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

Effective Date: _____

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of this notice at any time. Upon your request, I will provide you with any revised Notice of Privacy Practices.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

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 me to use and disclose your health information in the following



categories. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- **Psychotherapy Notes.** I do keep “psychotherapy notes” and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 - For my use in treating you.
 - For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.



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- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.
- Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:



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- The right to request Limits on uses and disclosures of your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believed it would affect your health care.
- The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The right to choose how I send PHI to you. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- The right to see and get copies of your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you.
- The right to get a list of the disclosures I have made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization.
- The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why.
- The right to get a paper or electronic copy of this notice. You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this notice via email, you also have the right to request a paper copy of it.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE:

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Signature

Date



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Social Media Policy

Social Media Platforms

Social media is a good way of keeping people connected and informed. I use social media for my practice, and so I have created a social media policy to help you understand my intentions, and how I will be using social media in my practice. The basis for this policy is to protect our relationship and your confidentiality during therapy and beyond.

Confidentiality

If you decide to tell others about your sessions with me, or the progress made with your therapy, that is entirely your choice. However, I must keep my relationship with you completely confidential except in cases of where you might harm yourself or others. If you choose to post on any of my social media pages, you invite the possibility of people making assumptions about our relationship or asking you about your connection to me. You get to decide what you tell people. You have a choice as to what you reveal about yourself online; however, I will not reveal my connection to you.

Friending

In order to respect your privacy and confidentiality, I do not accept friend requests from current or former clients on social networking sites (Facebook, LinkedIn, etc.) or any other social media platform. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality. It may also blur the boundaries of our therapeutic relationship.

Like

You may like my Facebook business page if you want to do so. However, if you like my page, you are choosing to expose that you are connected to me in some way. My business Facebook page exists to be a forum of information and inspiration. I will not engage in conversations with you on that page. However, I am happy if you find it helpful.

Following

I often put out information on social media and may post to Twitter, and Facebook, and other social media platforms. You are not obliged as my client to follow me in anyway on social media. It is your choice if you



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do, but I will not follow you back. I believe casual viewing of clients' online content outside of the therapy hour can create confusion regarding whether it's being done as a part of your treatment or to satisfy personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together.

Interacting

Please do not use messaging on social networking sites such as Twitter, Facebook, LinkedIn or any other, to contact me. These sites are not secure, and I may not read these messages in a timely fashion. The best way to interact with me is by email or phone. If you post on my Facebook feed, it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Search Engines

I do not "Google" my clients or look up information on them for any reason. If I do come across your information online, I will move on and avoid reading content.

Business Review Sites

You may find my business in an online directory. Some of these sites include places where users can provide ratings and reviews. Many of these sites scrape search engines for businesses and automatically add entries, regardless of whether the business has added itself to the site. If you should find my business on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my client. You have a right to express yourself on any site you wish, but I am not asking you to do so. If you do post a review, I cannot respond on any of these sites, whether it is positive or negative.

Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy or assessment sessions, as email is not 100% secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of both your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.



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Text

Sometimes clients text me to request an appointment time or to let me know if they are running late to an appointment. Please know that text isn't always secure. I am fine with brief texts related to your appointment only.

Conclusion

I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy.