

Metamorphosis Counseling Services

6601 Memorial Highway, Suite 108
Tampa, FL 33615
(813) 887-5682

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 Date: 11/17/2014

This notice describes policies related to the use and disclosure of your **protected health information for the purposes of providing services**. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. Therefore, state and federal laws allow me to use and disclose your health information for these purposes, as noted below:

TREATMENT: Your counselor may disclose your health information for the purpose of providing, managing and coordinating care. Your counselor may disclose your health information for the purpose of consulting with another professional counselor in order to give you the best service. Your counselor may disclose your health information to referral sources. In the event that your counselor consults with another counselor, no identifying information would be released.

PAYMENT: Currently, Metamorphosis Counseling Services does not accept insurance. However, in the event that it begins to do so, your counselor is allowed to disclose information for the purpose of verifying insurance coverage, process claims and collect fees. Currently, your counselor may disclose your health information for Out-of-network benefits, HSA and FSA.

HEALTHCARE OPERATIONS: Your counselor may disclose health information for the process of reviewing treatment procedures, review business activities, for certification purposes, staff training, compliance, and licensing activities.

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT: Counselors are required by law to release information when the client poses a **risk to themselves or others** and **in cases of abuse to children and/or the elderly**. If your counselor receives a **court order** or **subpoena**, she may be required to release some information. In such a case, your counselor will limit the release to only what is necessary by law.

CONFIDENTIALITY AND GROUP THERAPY: The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your counselor cannot guarantee that other group members will maintain your confidentiality. However, your counselor will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. Your counselor also has the right to remove any group member from the group should she discover that a group member has violated the confidentiality rule.

CONFIDENTIALITY AND TECHNOLOGY: Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via live video, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. Should you have concerns about the safety of your email, your counselor can arrange to encrypt email communication with you.

CLIENT RIGHTS: You have the right to request where your counselor contacts you (home, work, cell phone, etc.). You have the right to request your medical records be released to others. However, If you wish to have information released, you will be required to sign a consent form before such information is released. You have the right to revoke such release. However, you must do so in writing. Please note that revocation is not valid to the extent that you have acted in reliance on such previous authorization. You have the right to inspect and request a copy of your medical and billing records. You may be charged a fee to cover expenses for copying, mailing, etc. Please be aware that your counselor may deny this request. You have the right to request to amend your records. This request must be made in writing. Your counselor has 14 business

days to respond to your request, which may include denial of such request. If your counselor denies your request, you have the right to file a disagreement statement, which will be filed together with your counselor's response in your record. You have the right to request an accounting of disclosures for treatment, payment, and/or healthcare operations; disclosures pursuant to a signed release and/or national security or law enforcement, for a period of up to 6 years beginning with the date of your first counseling session. You have the right to request restrictions on uses and disclosures of your healthcare information, which must be made in writing. If you are not satisfied with the services you receive, you have the right to complain to the U.S. Dept. of Health and Human Services without fear of retaliation. Your counselor asks, however, that you contact her and discuss any issues with her first. You have the right to receive information on any changes in policies and procedures.

CLIENT'S ACKNOWLEDGEMENT OF RECEIPT

By signing below I am acknowledging that I have received a copy of this document, **HIPAA NOTICE OF PRIVACY PRACTICES**. I understand that if this information is used in a manner that is different than described on this notice, my permission must first be obtained.

I am accepting this Notice on behalf of: Myself Another person as a representative (parent, guardian, family member, etc.)

Print Individual's Name

Signature of Individual or Guardian/Representative

Date

If signing for the Individual, Print your name

Metamorphosis Counseling Services

6601 Memorial Highway, Suite 108
Tampa, FL 33615
(813) 407-9550

INFORMED CONSENT CLIENT-COUNSELOR SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you may have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, and learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending substance use. Whatever the goals for counseling, they will be set by the client according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Counseling

Some of the risks are:

- Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface.
- There are no guarantees that counseling will work for you.
- Clients can sometimes make improvements only to go backwards after a period of time.
- Progress may happen slowly.
- Counseling requires a very active effort on your part.
- In order to be most successful, you will have to work on things we discuss outside of session.

However, there are many benefits to counseling:

- Counseling can help you develop coping skills;
- make behavioral changes;
- reduce symptoms of mental health disorders;
- improve the quality of your life;
- learn to manage anger;
- learn to live in the present and many other advantages.

Appointments

Appointments will ordinarily be 45 minutes in duration, once per week at a time mutually agreed upon, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hours' notice, you will be charged \$50.00 (unless we both agree that you were unable to attend due to circumstances beyond your control). Although I don't currently accept medical insurance, it is important to note, in case I begin to accept insurance in the future, that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees

You are responsible for paying prior to beginning your session unless prior arrangements have been made. Payment must be made by check, cash, or credit cards. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

Fees are non-negotiable. To receive sliding scale fees, you must present proof of income through recent pay stubs or tax forms. Fees are subject to change at counselor's discretion.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

Email

Your counselor may request your email address. You have the right to refuse to divulge your email address. Your counselor may use email addresses to periodically check in with clients who have ended therapy suddenly. Your counselor may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. Your counselor may send emails with information related to mental health and wellness. If you would like to receive any correspondence through email, please write your email address here _____. Your counselor may also use text messages to confirm your appointments. If you wish to have appointment confirmations sent by text, please write your cell phone number here _____.

I do not wish to be contacted by email. I do not wish to receive texts. I wish to only receive emails for appointment confirmations.

Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature _____ Date _____