Illuminate Christian Counseling, LLC
Brittany Coleman, MA, LPC
19115 FM 2252 Ste. 12
Garden Ridge, TX 78266
(210) 845-7949 (210) 545-2504 Fax

Informed Consent/ Service Agreement

*****Please read this document carefully, initial next to each section, and complete/sign pages 8 &9 before your first session.*****

_____ Agreement

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health insurance Portability and Accountability Act (HIPPA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPPA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPPA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; or if you have not satisfied any financial obligations you have incurred.

_____ Qualifications

I am a Licensed Professional Counselor, known as an LPC. This means that I have received the education and training that is necessary in order to have a license with the state of Texas to practice counseling. I have earned a Bachelor of Arts degree in Psychology with a minor in Family and Child Development from Texas State University, as well as a Master of Arts degree in Counseling from the University of Texas at San Antonio. Should you have any questions regarding my credentials, please feel free to discuss this with me. I cannot prescribe any medications nor advise you on how to handle your medications. I will refer you to a professional that can help you with these issues should we agree that it is necessary. If you need to contact my licensing board their information is posted in the waiting area of my office or is available upon request.

_____ Psychological Services

Psychotherapy is not easily described in general statements as it varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. I primarily provide services to children, adolescents, young adults (18-25 years old), and families. I may choose to work with others at my discretion. There are many different methods that I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it requires very active effort on your part. In order for therapy to be most effective, you must work on the things that we talk about both during our sessions and at home.
As a Christian counselor, I am available to help clients with spiritual issues and can incorporate spiritually based interventions into the counseling process.

I often will use play therapy techniques in session when working with children. Play therapy is an approach to counseling that is based on structure and theory, which utilizes the communication and developmental skills of children. Play is used to help children express what they are experiencing and feeling in a way that is more developmentally appropriate for them, as they do not possess the verbal skills that adults do. Play is also used to help children develop more adaptive behaviors in areas that they are experiencing deficit. The relationship between child and therapist is crucial in play therapy, as it is important to develop a safe and trusting environment for the child to be able to express themselves and/or heal.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs that will last about 2 to 4 sessions. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you (continued on page 2)

decide to continue therapy with me. You should evaluate the information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion. Please understand that you may stop using my services at any time. However, if I believe you are a threat to yourself or others, I will be forced to take action on the matter (as described below).

_____ Confidentiality

The law protects the privacy of all communications between a client and therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPPA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for the following activities, as follows:

- You should be aware that I employ administrative staff. In most cases, I need to share protected information with staff for administrative purposes, such as scheduling, billing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without my permission.
- I also have contracts with a billing agency, computer services, and collection agency. As required by HIPPA, I have a formal business associate contract with these businesses, in which they promise to maintain confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations.
- If a client seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or contact family members or others who can help provide protection. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the client.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requiring information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensations claim, I must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some situations where I am **legally obligated** to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about the client's treatment. These situations are unusual in my practice.

- **If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offence, or that an elderly or disabled person is in a state of abuse, neglect, or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services**. Once such a report is filed, I may be required to provide additional information.
- **If I determine that there is a probability that the client will inflict imminent physical injury on another, or that the client will inflict imminent physical, mental, or emotional harm upon him/herself, or others, I may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.**

If such a situation arises, I will make every effort to fully discuss it with you before taking action and I will limit my disclosure to what is necessary. While in this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

_____ Meetings

Counseling sessions are approximately 53 minutes in length, once a week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, **you will be expected to pay a fee of $100 if you do not show to the appointment or fail to provide 24 hours advanced notice of cancellation.** If you are late, you are charged for the full therapy hour even though you may not receive the full 53 minutes. If I am late, you receive your full therapy hour. In order for therapy to be most effective, it is important that once you begin services that you continue to schedule and attend regular appointments. If a lapse in therapy is necessary for you, I ask that you discuss this with me. If you chose to discontinue services, I also ask that you notify me of your intentions. You may do this at any time.

_____ Financial Agreement/Fees

My hourly fee is $125 for the initial diagnostic session and $100 for following sessions. In most cases, I will file claims to your insurance company on your behalf. If I cannot file the claims, you will be given a receipt that will enable you to file the claim yourself as "out of network" with your insurance. If you are using insurance, you will be responsible for your copayment/coinsurance at the beginning of each session. Any charges not covered by your insurance or **any charges that have not been paid within 60 days are your responsibility**. Other services include that you will be charged for are telephone conversations lasting longer than 5 minutes, consulting with other professionals per your request, preparation of records, and the time spent performing any other service that you may request of me. Reports, treatment summaries, letters for school, and other correspondence or documents that you request will begin at a minimum fee of $50 per document/correspondence regardless of length, but may incur additional cost depending on how long it will take me to complete. The minimum fee will be collected before I begin work on these requests. **My fee for ANY court related time is $250 per hour**. (See more details on this below under "Court Involvement and Subpoena)

You will be expected to pay for each session at the time that it is held unless we agree otherwise. I will usually collect payment at the beginning of each session to minimize difficulty in closing at the end of the session. Payment for other professional services will be agreed to when they are requested.

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 which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, address, phone numbers, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.] Please be advised that you can be legally terminated as a client for non-payment of fees. Should this happen, I will provide you with several referrals to continue services elsewhere.

_____ Cancellations

Should you fail cancel your appointment 24 hours in advance, or not show to a scheduled session, you will be charged $100. This includes late cancellations due to illness. At my discretion, there may be consideration for cancellations involving an unavoidable illness or emergency if clients provide necessary supporting documentation. **All cancellations must be made via phone call/voice mail. E-mail cancellations are not acceptable under any circumstances. If you prefer inform me of a cancellation via text message, please follow up with a phone call/voicemail if you do not receive a response from me within 1 hour. Text messages (that I have responded to) and voice messages must be time-marked 24 hours prior to your scheduled appointment time in order to avoid the cancellation fee. I require that every client provide a valid credit card number on file or an undated check in the amount of $100 to cover this fee. This is a mandatory policy for every client in my practice**. An unused check left on file will be returned to you upon termination of services. Your signature indicates your promise to not dispute charges ("charge back") for sessions you have received or no show/cancellation fees. In addition, your signature further authorizes the disclosure of information about your attendance/cancellation to your credit card issuer if you dispute a charge. **Three incidents of not showing for your appointment, or late cancellations within the duration of our counseling relationship will result in termination and dismissal from my practice.**

_____ Court Involvement and Subpoenas

I do not knowingly accept court-related cases. Your signature serves as your agreement that you are not involved in a court-related case regarding the circumstances in which you are seeking counseling. I am not a custody evaluator and cannot make any recommendations on custody matters. I can refer you to a professional who can provide custody evaluation if needed. Due to the sensitive nature of court related issues, and the time that it will cost me away from my normal work day, you must agree to the following policies before:

- **When working with children of divorced parents, I require a copy of the current, standing court order that demonstrates custodial rights of each parent; or a parenting agreement that has been signed by both parents and a judge before I meet with the child.** The parent who is initiating counseling services must have legal authority to make medical decisions for the child. It is your responsibility to inform the other parent of your child's involvement in counseling if necessary. It is optimal for both parents to participate in the counseling process if possible. I will offer and encourage opportunities for both parents to be involved throughout the counseling process.
- I ask that my clients waive their right to subpoena me to court for any reason. It is my desire and ethical obligation to preserve the confidentiality and trust that is established in the counseling relationship. Having me and/or my records subpoenaed often damages this. It is in your best interest to know that **conducting expert witness testimony is not my area of expertise.** I can refer you to another professional who can provide this service if needed. **Your signature indicates your agreement to waive your right to subpoena me for this purpose.**
- I will not attend court or deliver my records unless a valid subpoena is issued. If you choose to disregard this waiver and issue me a subpoena, you will be responsible for all charges involved. If you or your child become involved in legal proceedings that require my participation from another party, you will be responsible for all charges.

Court related services are not covered by insurance. If I am subpoenaed to appear in court, it will be necessary for me to clear my schedule to be available to attend. I will require at least 24 hours advance notice in order to do this. **The charge** (Continued on page 4)

for me to clear my schedule is $1000, regardless of whether or not I am actually called to appear in court. This includes time spent "on call" or "on standby". This fee is not refundable even if the case is dismissed or court date is rescheduled.

- **My fee for attending court is $3000 per day regardless of how long I am there or if my services are used.** The advance payment of $1000 to clear my schedule will apply towards the daily fee if I am indeed required to attend court on that day. Other expenses such a preparation for court, researching, report writing, depositions, travel time, and communicating with attorneys or other professionals will cost an additional $250 per hour, and is not included in the $3000 per day fee. Other expenses such as transportation costs, lodging (if more than 90 minutes away from my office), copies, and parking will be charged separately. In the event that I must seek legal consultation regarding any issues involving you or your child, you will be responsible for any charges incurred. All payments must be made in advance in the form of cash, or cashier's check. Checks will not be accepted.

_____ Contacting Me

Due to my work schedule, I am often not immediately available by telephone and rarely am able to answer phone calls during the day. I am unavailable to answer phone calls while I am in session with a client, before 8am, after 8pm, weekends, and on holidays. When I am unavailable, please leave a confidential voicemail for me including your name, phone number you can be reached at, and a brief detailed message. I will make every effort to return your call within 48 hours with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available to take a phone call.

I am not available for emergencies. If you have an emergency situation or do not feel that you are able to wait for me to return your call, please contact your psychiatrist, dial 911, or go to your nearest emergency room and ask for the person on call. Later, please call and leave me a voice message and I will return your call on the next business day. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Please understand that contact outside of face-to-face sessions is done on my cellular phone and all conversations/messages via these means have limited privacy.

If you wish to contact me via text message (210-845-7949) or email (brittanylcoleman@hotmail.com), please understand that contact via these means also limits your privacy. If you need to cancel your appointment for any reason, please do not inform me via e mail. If you choose to inform me of a cancellation via text message, please follow up with a phone call and voice message if I have not responded to your text message within 1 hour. **All cancellations must be done by voice message and must be within 24 hours of your scheduled appointment time in order to not be charged the $100 fee.**

_____ Records

Adult client, legal guardians of minors, including managing and possessory conservators, have the right to access the records of the services provided to them. However, I have the right to you should be aware that, pursuant to HIPPA, I keep a Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards these goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. To request copies of records, I require a written request with your signature by either mail or fax be made to Illuminate Christian Counseling, Attn: Brittany Coleman, MA, LPC, 19115 FM 2252 Ste. 12, Garden Ridge, TX 78266. After the request is received, state law allows me 15 days to respond to your request. If your request is approved, your records will be sent via certified mail to a physical address of your choice, at the expense of the requestor. I may require a $50 minimum processing and handling fee to be due prior to the records being sent, which does not include shipping expenses.

You should be aware that pursuant to Texas law, psychological test data are not a part of a patient's record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of $1.00 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon request.

If anything ever happens to me, where I am incapacitated and unable to care for your records, Ginger Gray. LCSW at 210-302-8576 will have access to retrieve your records. She will not be taking over the case but she will help you find someone who can help.

_____ Treatment of Minor Clients

When working with children of divorced parents, I require a copy of the current, standing court order that demonstrates custodial rights of each parent; or a parenting agreement that has been signed by both parents and a judge before I meet with the child. The parent who is initiating counseling services must have legal authority to make medical decisions for the child. It is your responsibility to inform the other parent of your child's involvement in counseling if necessary. It is optimal for both parents to participate in the counseling process, if possible, and I encourage both parents to be involved throughout the counseling process.

(Continued on page 5)

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse, the law provides that parent may not access their child's records. Because privacy in therapy is essential for the counseling process to be successful, it is my policy to request an agreement from the client's parents/guardians that they consent to waive their right to access to their child's records. If they agree, during treatment, I will provide them with a general summary of information about their child's progress in counseling, as well as their attendance/compliance at sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger, or is a danger to someone else, in which case I will notify the parent of my concern. Before giving any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. Parents/Guardians of clients who are 18 years and older, may obtain financial records/statements related to services, information about insurance claims/filing (if they are responsible for insurance), and verification of attendance to sessions only. Parents will not be allowed to access records or receive any additional information related to their child after they have turned 18 years old. Adult clients acknowledge that billing and financial correspondence will be sent to the address of the listed financially responsible party.

_____ Play Therapy Clients

Please be sure that your child is prepared to participate in play therapy sessions by taking them to the restroom beforehand. Also, it is important to choose clothing that allows the child to move around freely and that is ok to get messy in, as we will sometimes use art materials that may get on clothing. I also ask that children not bring any food or drink into our session.
When an individual session with a child is scheduled, it is my policy that the time scheduled is only for the child. I ask that when parents need to discuss their child's progress in therapy or other specific issues, that we schedule a separate session for this without the child.

_____ Office Policies

Our waiting area is designed for clients to have a moment of reflection, prayer, meditation, or quiet time before starting their session. To ensure this, we ask that you and your family adhere to the following guidelines:

- Do not touch or adjust the music
- Do not play with the fountain
- Do not move the crosses, decorations, or rearrange the furniture
- **Do not talk on cell phones or play video games with the sound on**
- Do not bring any food or drinks into the lobby (no exceptions)
- Please refrain from loud talking, arguing, or excessive noise that could be disruptive to other clients.
- Children must be accompanied to the restroom.

Please feel free to look at the magazines, books, and displayed Bible, but please do not write in them or tear the pages. If you would like to check out a book, the note cards on the bookshelf are there for you to do so. These note cards, as well as counselor's business cards, are not for writing on or using for any other purpose than what they were intended. If you or your children need to have food or drink, please do so outside the waiting area on the rocking chairs, in the courtyard, or in your vehicle.
Finally, children are not allowed to be unsupervised in the waiting area. It is important for parents to be included in the counseling process, so we will need to communicate communication via e mail updates, phone calls, and monthly "parent only" sessions. We can also meet with your child present. We also ask that you please refrain from brining siblings or other children that are not involved in the counseling process. Children under the age of 12 that are not receiving services are not allowed to be unattended in the outer office or waiting area while an adult client is receiving services. Any children left unattended at any time must have a specific agreement with the counselor that has been made at the time the appointment was scheduled. This is both a liability and a legal issue.
Children must be accompanied to the restroom by a parent, and it is the parent's responsibility to clean up after their child. If you child needs to use the restroom during a session, we will ask for your assistance. It is ideal for children to use the restroom before their session begins to prevent disruption
There are several independent practitioners at this office location. None is liable for the practices of the other. If you ever have a serious concern regarding myself or another practitioner, please discuss it with me. Your concerns will be addressed and you will be given information on how to contact our various licensing boards.

____ Boundaries in the Counseling Relationship

In order to maintain a healthy, therapeutic relationship, it is important to recognize the following limits/boundaries that I will uphold regarding interactions with clients. In the event that the counselor and client may unknowingly come in contact with each other outside of the office setting, it is up to the client whether or not to acknowledge the counselor in any way. The counselor will not initiate any acknowledgement of the client, in order to preserve their right confidentiality. The Texas Professional Counselor Code of Ethics prohibits counselors from having any form of dual relationship with a client, accepting gifts from clients valued over $50(it is my policy to not accept gifts), and to treat clients that are receiving concurrently reeving services from another counselor. Please feel free to ask me if you have any questions regarding this. Thank you.

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

HIPPA Privacy Practices

THIS NOTICE DESRIBES HOW PSYCHOLOGICAL AND MEDIDCAL 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, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information (PHI),* for treatment, *payment, 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another counselor.
  Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  Health Care Operations are activates 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 case 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.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, 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 information for purposes outside of treatment, payment and healthcare operations, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I 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.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services.
- **Health Oversight:** If a complaint is filed against me with the Texas State Board of Examiners of Professional Counselors, they have the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, 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 I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

IV. Patient's Rights and Counselor's Duties: Patient's Rights:

- *Right to Request Restrictions*: You have the right to request restrictions on certain uses and disclosures of protected heal information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and Alternate 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 seeing me. Upon your request, I will send your bill to another 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 and 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 authorizations (as described in Section III 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 me upon request, even if you have agreed to receive the notice electronically.

Counselor's 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 you with a revised notice either at the office or through the mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Brittany Coleman, MA, LPC, Owner, at 210-845-7949. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Brittany Coleman, MA, LPC, 19115 FM 2252 Ste. 12, Garden Ridge, TX 78266, or 210-845-7949. You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice with go into effect on July 1, 2009. I reserve the right to change the terms of this notice to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by either mail or at the office.

Illuminate Christian Counseling, LLC
Brittany Coleman, MA, LPC
19115 FM 2252 St.12
Garden Ridge, TX 78266
(210) 845-7949 (210) 545-2504 Fax

Acknowledgement Form

Your signature below indicates that you have read the Client Services Agreement and agree to its terms and also serves as an acknowledgement that you have received the HIPPA Notice Form described above.

Furthermore, your signature indicates that you understand the cancellation policy and that you agree to pay a $100 fee should you not show to a scheduled session or fail to provide 24 hours advance notice of cancellation.

_____ _____

Client/Guardian Signature Date

_____ _____

Client/Guardian Signature Date

_____ _____

Brittany Coleman, MA, LPC Date

Illuminate Christian Counseling, LLC
Brittany Coleman, MA, LPC
19115 FM 2252 St.12
Garden Ridge, TX 78266
(210) 845-7949 (210) 545-2504 Fax

Client Registration

Client Name:_____

Address:_____

Home Phone: _____ Cell Phone_____

Client's Social Security Number:_____ Date of Birth:_____

Employer:_____ Work Phone:_____

If Student….Age:_____ Grade:_____ School:_____

Parent/Guardian:_____ Phone:_____

Family Physician:_____ Physician's Phone#_____

Emergency Contact Name:_____ Phone #_____

Payment in full is expected at the time of each session. There is a 24 hour cancellation policy which requires that you cancel your appointment 24 hours in advance to avoid being charged a fee. (See Client Services Agreement)

_____ _____
Client/Guardian Signature Date

_____ _____
Brittany Coleman, MA, LPC Date

For Minor Clients:

I consent for _____ (minor client's name) to receive services provided by Brittany Coleman, MA, LPC.

_____ _____
Parent/Guardian Signature Date

_____ _____
Brittany Coleman, MA, LPC Date