

IMPORTANT INFORMATION FOR CLIENTS

Highest Heights Individual and Family Therapy Disclosure Statement

Choosing to enter into therapy is a serious decision that reflects maturity, courage, and wisdom. It is vitally important that you know what to expect from your involvement in therapy before any therapeutic work can begin. Firstly, the process of therapy is one that relies on the secure relationship between client and therapist and a commitment to the treatment of therapy. I believe that I (as the therapist) must work to earn your trust by being present and attuned during sessions and mindfully active in the planning of future sessions. You (as the client) also have a responsibility to commit to your own personal growth and self-knowledge. Although this may look different for everyone, you may expect to be met with feelings of excitement and relief in addition to moments of distress or emotional pain. Exploring the issues that led you to seek therapeutic help may be very difficult. It is part of my job to help you protect yourself as this process unfolds and make it as comfortable and safe as possible.

Content discussed during therapy sessions are totally confidential. Before sharing any information about you or our discussions, I am required to first receive your written consent. There are certain limitations to this confidentiality that I am bound to by law. These are listed below:

1. A Duty to Warn because a client presents as a clear and immediate threat to another person.
2. A Duty to Protect because a client presents a clear and immediate threat to himself/herself.
3. A Duty to Report suspected abuse of a minor or of a vulnerable adult.
4. A Court Order from a judge.
5. Defense in a case by a client against a therapist.

It is possible that we encounter each other in some way outside our sessions. If this occurs, I will respect the confidentiality of our therapeutic relationship. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. Due to the significance of the relationship between client and therapist, the Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-educational Specialists requires that all clients be informed that all forms of dual relationships between client and therapist such as business ventures and sexual intimacy are prohibited.

Goals and direction for your therapy will be made collaboratively and in a way that is preferential to you. Sessions are set in weekly, 50-minute meetings unless otherwise requested. It should be noted that actual results of therapy might vary from your expectations, and progress made in therapy is directly reflective of the effort put into it. I cannot guarantee that all problems and issues will be resolved during the course of therapy. You are encouraged to discuss any dissatisfaction with my service during session. If at any time you wish to discontinue your participation in therapy, you are welcome to do so.

Henry Anderson, MMFT, MFT-I

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW I USE YOUR INFORMATION, HOW I MAY SHARE IT WITH OTHERS, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. I will use the information you share in therapy, as well as information from others such as physicians, school counselors, social workers, etc. solely to provide you with treatment and to maintain demographic records for my therapy practice.

I protect your personal information in several ways. Your clinical information is never accessed except as a part of my regular duties. All therapy files and client information are stored in a locked file cabinet in a locked office. The therapy office is located in a building that is also used by other businesses. The individuals associated with these businesses do not have access to the locked records within my locked office and they have signed confidentiality agreements indicating that they understand and have pledged to do their part to uphold a client's right to confidentiality while in the therapy office. In my professional supervision meetings, I seek to protect your identity and discuss only the minimum necessary information for consultation and continuing training purposes.

Examples of ways I share a client's personal information may include: consultation with other professionals such as physicians, attorneys, social workers, etc. and individual and group supervision of other therapy interns. In order for me to disclose your personal information, I must have the signed consent of each person 18 years old or older who participates in therapy and the signed consent of the caregivers of clients under the age of 18. Exceptions to the requirements for a signed release include:

1. A Duty to Warn because a client presents as a clear and immediate threat to another person.
2. A Duty to Protect because a client presents a clear and immediate threat to himself/herself.
3. A Duty to Report suspected abuse of a minor or of a vulnerable adult.
4. A Court Order from a judge.
5. Defense in a case by a client against a therapist.

Your Rights Regarding Your Health Information

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home but not at work to schedule or cancel appointments. I will try my best to do what you ask.
2. You have a right to ask me to limit what we tell people involved in your care such as a physician or family member.
3. You have the right to look at my records. You can even get a copy of these records, but I may charge you to copy them.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make amendments. You have to make this request in writing. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice.
6. You have the right to file a complaint if you believe your privacy rights have been violated. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our privacy policies, please feel free to ask for further clarification.

General Information

Appointments:

Appointments are scheduled directly with me through the phone number provided. Calls will be accepted or returned between the hours of 8:00am and 8:00pm Monday-Friday. Missed calls will usually be returned during the next business day. General appointments are usually 50 minutes each, however you may request meeting for a longer or shorter time. The hours during which sessions may be scheduled are as follows:

- 8:00am and 6:00pm Mondays and Wednesdays
- 8:00am and 7:00pm on Tuesdays and Thursdays
- 8:00am and 5:00pm on Fridays

If you arrive to an appointment intoxicated in any way, I will not conduct a therapy session. Instead I will: call a cab, call your emergency contact, or call another person of your choosing to pick you up. It is very important to me that I protect your safety and the safety of others on the road. If you refuse and choose to drive, I will notify the police.

Cancellation of Appointments:

Therapy centers differ in many respects from medical centers. Unlike doctors, dentists, and other professionals who operate on more flexible and inexact schedules, therapists commit a specific time period to each person. It is important to respect the period of time that has been reserved just for you. Because of this, a 24-hour notice is required if you wish to cancel or reschedule your appointment. You will be charged a fee for any missed appointment without 24-hour notice. In the case of sickness or emergency, I will discuss whether or not it is appropriate for you to pay for the missed appointment. If you miss two consecutive appointments or if you have not been seen for therapy in six weeks, I will have the option to close your file. If requested, when your file is closed, you will be provided with a referral to another therapist.

Fees:

One-time (optional) Consultation Meeting (30 minutes): Free

Fees are determined with a household income-based sliding scale. Fees are \$75 for General Sessions (50 minutes) and \$90 for Initial Assessment Sessions (80-90 minutes).

Failure to cancel a scheduled appointment at least 24 hours in advance will result in the charge of a full fee.

Payment:

Payment for services is required upon arrival prior to each session. Cash, check, and debit/credit card are accepted.

Insurance:

If you have insurance that will cover all or part of the session fee, you may file a claim for your insurance company to pay what amount is covered by your insurance plan. If this is the case, you will be expected to pay the entire fee prior to each session and file for a reimbursement with your insurance company. I will provide you with a “super-bill” (statement of services) that you may use to request a reimbursement from your insurance company for whatever amount your insurance plan will cover. You are responsible for paying any portion of the fee not covered by your insurance company. Prior to treatment, you are strongly encouraged to ask your insurance provider questions such as those listed below:

- Do I have out-of-network mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per out-of-network therapy session?
- Is approval required from my primary care physician?
- Are there any diagnoses that are omitted from my insurance coverage plan?

****For Medicare & Medicaid Patients -** Please note that I am not a Medicare or Medicaid provider. This means that you will not be eligible to receive reimbursement from Medicare or Medicaid for my services. If reimbursement is necessary for you, please seek out a Medicare or Medicaid provider; I will be happy to help you find the right provider for you.

Contact in Public:

If I see you in public, I will not approach you or speak to you. This is my way of protecting your privacy and confidentiality. I have no way of knowing who you might be with or who might be in the surrounding area. Part of your confidentiality includes protection of your right to inform only those whom you choose that you are participating in therapy. If you want to speak to me, you are welcome to do so; however, a public place is not appropriate for discussing therapeutic concerns. Please save those for your next session.

Social Media & E-mail:

I have a strict policy against having any contact with clients via social media or through e-mail. This is an important boundary to keep the therapy process healthy and so that I can be sure I am completely protecting your confidentiality.

Emergency Information:

Highest Heights Individual and Family Therapy is not an emergency facility and is not equipped to handle crisis situations. If you have an emergency, please call 911 or go to the nearest emergency room. The following is a list of emergency numbers.

Emergency Services	911
Spartanburg Regional Medical Center Emergency Room	864-560-6222
The Mental Health Crisis Line	864-585-0366
The Safe Homes Network	864-583-9803
The 24-hour Child Abuse Line	864-585-1445