

Confidentiality

Confidentiality is vital for successful therapy. I'll make every effort to keep your personal information secure. There are a few legal and ethical requirements that would compel me to discuss a client's case with other professionals.

1. When a client signs a written release of information authorizing their private information to be shared with someone else or another entity.
2. When a client discloses any intention or plan to harm another person or themselves.
3. When a client discloses or suggests that he or she is abusing a child (or vulnerable adult), has recently abused a child (or vulnerable adult), or has knowledge of a child (or vulnerable adult) that is in danger of abuse.
4. When I am subpoenaed by a court to release records or provide information about treatment.
5. When a client's insurance company requires treatment information to determine reimbursement.

If, in the course of our work, we decide to meet with members of your family or friends, we will discuss the limits and expectations about confidentiality in advance.

I regularly participate in a peer consultation group. While I may share aspects of our work together with these professionals in order to serve you to the best of my ability I will not disclose identifying details.

Record Keeping

All records of our work together including progress notes, treatment plans, billing information and any other information that is necessary to keep for your treatment, will be kept in a secure location that only I have access to.

Patient Rights: Please see HIPAA Privacy Practices Form for a listing of your rights.

Diagnosis

Insurance companies, if you choose to be reimbursed by them for psychotherapy, require a diagnosis and proof of medical necessity in order to reimburse for your treatment. These diagnoses come from the Diagnostic Statistical Manual (DSM-V), and will become part of the insurance companies' records. I, therefore, cannot control or be responsible for what they do with this information.

Duration of Treatment

The length and duration of therapy depends on various factors including your challenges and goals, what you and I both determine is appropriate, and your financial situation. There are a few reasons where I reserve the right to end therapy including: 1) If I believe therapy is not helping and you may be better served by a referral to another therapist. 2) If you are violent, or threaten or harass me, those in my office or my family in any way.

Referrals/Paperwork

If you require services that I do not provide, I may be able to make a referral to a professional that can help you. If any other agencies request additional paperwork, this will be completed only after your initial 3 sessions with me and I will charge an hourly rate for such services. If I am called to testify in court, there are additional charges (not covered by your insurance company) that will be charged to you. These situations are rare, but if they were to occur, we will discuss them and any other fees together.

Payment Policy

I accept Excellus Blue Cross Blue Shield, EBS RMSCO, Medicare and Fidelis. Otherwise I am an out-of-network provider. I can provide receipts of payment for you to submit claims to your insurance company for reimbursement. You're responsible to check with your insurance company about your deductible amount and their out-of-network provider reimbursement. You can find out how much your insurance will reimburse you by calling the number on the back of your insurance card and asking about "out of network benefits" for psychotherapy. You are responsible to pay me at the time of each session. I accept credit/debit cards, cash and personal checks.

Cancellation Policy

You're responsible to remember and keep scheduled appointments. **If you must cancel, I require a minimum of 48 hours' notice by telephone or text. I charge your full fee (not your co-pay) if you miss a session without this notice** and you must pay this fee before or at your next session. I'll consider waiving this fee in the event of serious illness, extreme weather, and extraordinary or unforeseen emergencies. Please talk with me if you need to find different/better times for our appointments.

Availability

I'm often with clients so may not be immediately available by telephone. Please leave a voicemail message and I'll return your call as soon as I can. Non-urgent calls, texts or emails that I receive over the weekend are returned at the beginning of the week. When I'm out of town for an extended period of time, a colleague will be on-call for crisis situations.

While I do my best to be available as quickly as possible to urgent situations, during non-business hours (e.g. weeknights, weekends and holidays) reaching me immediately may be difficult. If that's the case, urgent calls will be handled by CONTACT at 315-251-0600. If you are in danger, and cannot reach supportive persons, you agree to call 911 or go to your nearest emergency room and ask for the mental health specialist.

Use of Technology/Social Media

Phoning and leaving a message is the best way to reach me. Because of the risk of breach of confidentiality, I only use email or texting to confirm or set appointments, not to provide therapy or respond to emergencies. In addition I will not use social media sites (FB, Twitter, etc.) to learn about or communicate with you. If you text or email me, you are authorizing me to use the same method of communication to reply.

Other Considerations

You can always talk to me about questions you have regarding my approach to our work together. In addition, if you feel that things are not working out or you are dissatisfied with our work together, please bring this up with me. We will discuss this with a focus on listening and problem-solving, or I will be happy to refer you to other therapists that may be able to help you with your therapy goals.

Client Consent for Counseling

I have read the above consent statement. I understand that I may, at any time, ask questions related to this document, or terminate services. If I have any questions related to the above statements, I have asked my therapist. Although my therapist has experience and knowledge in mental health counseling, I understand that I hold the final responsibility for what I want to utilize from my psychotherapy experience.

I agree to these written policies. I understand my rights and responsibilities as a client, including limits of confidentiality, and my therapist's responsibility to me.

Client Signature: _____ Date: _____

Print Client Name: _____

I, Brenda Hartman-Souder, have answered questions about my policies to the best of my ability and believe that _____ understands all key points in this document.

Therapist Signature _____ Date: _____