

Norma Stevens, MS, NCC, LCPC IHS Psychotherapy and Counseling, LLC 6011 University Boulevard, Suite 100 Ellicott City, MD 21043

OFFICE POLICIES, GENERAL INFORMATION &  
CONSENT FOR TREATMENT FOR PSYCHOTHERAPY SERVICES

At IHS Psychotherapy and Counseling, it is important in beginning our professional counseling relationship for you to understand both its nature and its limitations. Please review this document, sign where appropriate, and do not hesitate to ask any questions.

HIPPA CONSENT FORM: I have been provided a copy of the "Notice of Policies & Practices to Protect the Privacy of your Health Information" (also known as "HIPPA Consent") form and understand that it describes how psychological and medical information about me may be used or disclosed and how I can gain access to this information.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

Disclosure

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, vulnerable adult or elder abuse or neglect; and where a client presents an imminent threat of danger to him/herself or others. Your therapist may contact the emergency contact you designate as well as any other persons necessary to ensure your safety and the safety of others who may be at risk.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist.

Health Insurance & Confidentiality of Records: Your health insurance carrier may require the disclosure of confidential information in order to process your claims. I authorize Norma Stevens and IHS Psychotherapy and Counseling LLC to provide information to insurance companies to process my reimbursement claims.

Signature: \_\_\_\_\_

We do not have control or knowledge over what insurance companies do with the information or who has access to this information once it reaches your insurance carrier. (See HIPPA Privacy document.)

Electronic Medical Record System: I hereby authorize my practitioner and IHS Psychotherapy and Counseling, LLC to retain all of my medical and behavioral health records/information in an electronic format. These records will be maintained in a secured, confidential manner and shall be in compliance with HIPPA Regulations for patient confidentiality. These records shall not be released without consent of the patient. This authorization remains in effect until revoked in writing.

Signature: \_\_\_\_\_

Supervision/Consultation: To practice ethically and effectively, your therapist may consult with other therapists or professional colleagues on how to best serve you. Personal identifying information is not disclosed in these discussions.

Appointment reminders by text or email: IHS is able to provide automated email and text reminders of your appointments. I understand that these are not sent encrypted and therefore have risks including, but not limited to confidentiality in treatment and transmitting my protected health information by unsecured means. I authorize IHS psychotherapy to provide automated appointment reminders through text and email. You can OPT OUT of this service at any time by informing your therapist in writing.

Signature \_\_\_\_\_ date \_\_\_\_\_

#### Email and Texting:

E-mail and texting are not secure and can compromise the privacy and confidentiality of PHI. IHS recommends leaving messages securely through your client portal. IHS staff are happy to assist you in the use of this system particularly resetting usernames and passwords. The link to the portal can be accessed through the website [www.normastevenslcpc.com](http://www.normastevenslcpc.com).

The email address [norma@normastevenslcpc.com](mailto:norma@normastevenslcpc.com) is an encrypted email address. While you transmit a message to it, your message may not be secure. The response to your message will be encrypted and messages are stored in a HIPPA compliant manner. If you send your IHS therapist an email, you acknowledge and accept the risks and limits to the privacy of your information.

Email responses are returned during the hours of 9:00 am to 7:00 pm and may take up to 48-72 hours to respond. Do not contact your therapist by email if you have an urgent matter; please call. If you have an emergency, please call 911 or go to your nearest emergency room.

#### FINANCIAL ASPECTS OF CONTRACTING PSYCHOTHERAPY SERVICES:

Payment for Services: Payment for services is due at the beginning of each session. We accept cash, checks and major credit cards. Checks can be made out to IHS Psychotherapy and Counseling, LLC or IHS P&C. There is a \$35 fee for returned checks.

Standard IHS Fees are as follows: \$125 for a 60 minute individual appointment and \$195 for a 90 minute couples appointment and \$135 for a 60 minute couples appointment.

#### Insurance Reimbursement:

IHS Psychotherapy and Counseling LLC does not participate with any insurance companies. It is the responsibility of the client to obtain information about their insurance plan and benefits and to submit all claims for reimbursement. We would be happy to provide you with relevant information when checking with your insurance company about benefits.

#### Cancellation Policy:

Your therapist has reserved time specifically for you for each session; therefore, it is necessary to charge your established fee for sessions not cancelled at least 24 hours in advance of your appointment. To cancel your appointment, please leave message on voicemail. "No shows" will automatically be charged the full session fee. In the case of inclement weather where Howard

County schools are closed, you will not be charged any fees if there is less than a 24 hour notice, but you must still call.

### PSYCHOTHERAPY PROCESS

Psychotherapy is a complex process involving many variables. It does not work for everyone, and there is no guarantee. Your therapist promises to have been trained and licensed as a professional, to reserve a specific time for you, to plan for each session, to actively listen, and to give constructive feedback.

You as the client are asked to attend each session, to spend the time between sessions reflecting upon or trying out that which has emerged in each session, and to talk in each session about the issues and experiences which trouble you.

While every effort will be made to reduce presenting symptoms, you may experience discomfort and uncomfortable emotions at times as you address your concerns and issues and redefine your personal goals. It is possible that you may not reach your therapeutic goals. Please inform Norma Stevens, MS, LCPC of any complaints or concerns you have. Every effort will be made to address your concerns. If you are not satisfied, we would be happy to provide referrals to other professionals upon your request. You have a right to terminate therapy at any time. We recommend processing your termination with your therapist. If you discontinue attending therapy and not contact your therapist for more than 30 days, you are considered terminated from therapy.

IHS may provide referrals to other professionals during the course of therapy. IHS does not have control over any other professional's behavior nor does IHS have any control over the process or outcome of any work you might do with a professional to whom we refer you.

**SERVICES ASSOCIATED WITH LEGAL ISSUES AND/OR COURT PROCESS** Limits of Feedback: Licensed Clinical Professional Counselors are not licensed to conduct psychological testing; therefore, therapists are unable to render feedback re: a client's psychological structure or stability. For psychological evaluations, we will be happy to provide referrals to Licensed Psychologists.

IHS Psychotherapy and Counseling LLC does not perform court evaluations nor do they appear in court on behalf of individuals, couples, children or adults. IHS Psychotherapy and Counseling LLC clinicians are not trained for, nor do they maintain records with the intended purpose of court involvement.

-In addition, the legal process is such that we may be compelled to reveal information about you that could affect you negatively or undermine your relationship with your therapist. Because the therapist/client relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition.

-If you wish forms for determination of mental illness, disability, court involvement with custody or assessments to be completed for you or your family, we would be happy to refer you to practitioners in the area who offer this service.

**Fees & Payment:** Consultation with lawyers or other professionals, including telephone, written responses and e-mail will incur a fee of \$500 per hour per 15 minute increments or any part

thereof. Therapists do not appear in court unless court ordered by a judge. Regarding court appearances, responding to subpoenas, depositions, affidavits, and case preparation, the fee is \$500 per hour plus expenses. Charges are billed based on 1/2 hour increments, pro-rated with a minimum of 2 hours. Travel time to and from court appearances and depositions will also be billed at the aforementioned hourly rate as well. I/we understand and agree that I/we accept financial responsibility for such activity and will give at least 48 hours advance notice of change or cancellation, to not incur the two hour minimum fee. Payment is due one week prior to the scheduled appearance or deposition/consultation. If you have been seen as a couple, and records are subpoenaed, both partners need to sign the authorization for release of the records unless court ordered.

**SOCIAL MEDIA POLICY:** In order to protect your confidentiality and maintain appropriate therapeutic boundaries, therapists do not accept friend requests nor initiate friend requests to current or former clients on social media sites such as Facebook, LinkedIn, etc... We also do not solicit client testimonials or comments on our website or blog. If clients wish to make a comment on a blog post, they are encouraged to do so anonymously.

**IN CASE OF EMERGENCY:** We do NOT provide emergency care services, acute in-patient care, and do NOT have a 24 hour answering service. Messages you leave for your therapist may not be retrieved until the following business day. If you have an emergency and cannot get a hold of your therapist, please call 911 or go to your nearest emergency room. You can also call The Howard County Mobile Crisis Team at (410) 531-6677, The Baltimore County Mobile Crisis team at 410-931-2214, Anne Arundel County Crisis Warmline: 410-768-5522.

National Suicide Prevention Hotlines

1-800-SUICIDE (784-2433)

1-800-273-TALK (8255)

This information is required by the Board of Examiners of Professional Counselors which regulates all licensed clinical professional counselors. The Board's contact information is: Dept. Of Health and Mental Hygiene, State Board of Examiners of Professional Counselors and Marriage and Family Therapists, 4201 Patterson Avenue, Baltimore, MD 21215-2299, 410-764-4732.

I have been provided a copy of the HIPPA policies and practices and agree to the office policies of IHS Psychotherapy and Counseling LLC.

Date: \_\_\_\_\_ Signature of Client

\_\_\_\_\_ Printed name of Client

\_\_\_\_\_ Signature of

Therapist IHS Psychotherapy and Counseling, LLC

Norma Stevens, MS, NCC, LCPC

Date: \_\_\_\_\_