



Pathways Counseling  
3939 W Green Oaks Blvd, 206  
Arlington Texas 76016  
www.PathwaysDFW.com

## GENERAL OFFICE POLICIES

1. At least a 24-hour notice is required to cancel a psychotherapy appointment. Clients who fail to cancel their appointment twenty-four hours prior to the scheduled time will be subject to the following fees:

First No-Show/Non-Cancellation: **\$50.00**

Second No-Show/Non-Cancellation: **Full Session Fee of \$120**

2. Pathways Counseling would like each client to have an emergency contact on-file. This is an additional person for us to contact should there be an emergent issue with your care or well-being.
3. No use of cellular telephones, cameras, or video equipment is allowed inside the office. Please have your cellular phone on silent at your visits.
4. Please do not bring children and/or infants to your appointment. We are aware that childcare issues arise, but please do your best to limit bringing your children to our office.
5. At Pathways Counseling, your medical records are kept strictly confidential. Disclosure of information to physicians, treatment centers, attorneys, self or others must be requested via written authorization by the client. Not all requests may be honored.
6. Work excuses, disability forms, calls to employers, and return to work letters will be provided on a fee basis. The fee must be paid prior to Pathways Counseling completing the required task. The fee will be based on the time required to complete the client's request.



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## PHONE CALLS/AFTER-HOURS CALLS/PHONE CONSULTATIONS

1. We typically return routine/non-emergent phone calls within one business day if the message is left during normal business hours. Our policy is to provide quality care through scheduled office visits, not unscheduled phone calls. Based on the nature of your call, you may be required to make an appointment.
2. At this time, Pathways Counseling does not offer after-hour services, nor do we check messages outside of business hours. If you feel your issue is an emergency, please go to the nearest emergency room, call 911 for assistance, or the national suicide hotline at 1.800.273.8255.
3. Pathways Counseling does not offer any counseling or psychotherapy over the phone. Phone conversations that require more than 10 minutes of time will be billed as an office visit.

***When leaving a phone message, please leave your full name and your phone number. Please speak slowly, if we cannot understand who you are or what your concern is, then we cannot call back in a timely manner.***

## LIMITS OF THE COUNSELING RELATIONSHIP

Although sessions with your counselor may be very intimate psychologically and interpersonally, the relationship is a professional relationship rather than a social one. Contact must be limited to sessions you arrange with your counselor.

Due to ethical guidelines, you are asked not to invite your counselor to social gatherings, offer gifts, ask your counselor to write references for you or relate to you in any way other than the professional context of the counseling sessions (this includes any interaction involving social networking sites).

Your counselor is required to keep the identity of clients confidential. Therefore, your counselor cannot and will not acknowledge you outside of counseling sessions unless you first acknowledge them.

Again, in order to maintain proper ethical standards, when the counseling relationship ends, the limitations of contact with your counselor must remain the same.



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## FMLA POLICY

- If you feel you need FMLA and this was not discussed at your recent appointment, you will have to schedule a new appointment to discuss why you cannot work and which symptoms have changed.
- **Due to the time involved, FMLA paperwork will be subject to a \$50 fee based on the amount of time it takes your provider to complete paperwork.**
- Patients at our office placed on FMLA will be required to have weekly appointments and be compliant with all treatment recommendations.
- Wanting FMLA is not a guarantee that we will concur with you being on FMLA.

**COURT APPEARANCES:** It is the policy of Ms. Reed to avoid court appearances whenever possible. As mental health professionals, we view our role in an individual's or family's life to be one of assessment and treatment, not to provide testimony in a legal setting. Please be advised that the only time a professional from Pathways Counseling appears in court is when required by court and issued a subpoena. Attending and preparing for court hearings is time consuming and costly, not only to Ms. Reed, but to other clients as well.

Attending court requires that all clients be cancelled and re-scheduled during that time, which may delay, inconvenience or prohibit their ability to receive needed services. This time demand directly impacts Ms. Reed's ability to maintain her commitment and service to all of her clients. It is important that client understand that testimony in court may or may not help your case.

If required to testify, the only information that will be provided is any truth of which there is firsthand knowledge. Fees for court testimony are: \$300.00 per hour, beginning from the time of departure from the office until return to the same location, with a minimum of three hours billed. Fees are also required for copying of records or creating summaries or documents for court. Fees are due 24 hours prior to any court appearance.



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## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY

This notice describes how medical information about you may be used and disclosed and how you, as a client, can get access to this information. Please review it carefully.

As an entity providing health care, the law requires us to protect the privacy of your health information, known as “protected health information” or PHI. It is also our responsibility to protect your PHI and explain our privacy guidelines.

Copies of this notice are available from Pathways Counseling.

### Your Health Information Rights:

- You are entitled to a copy of your health information that we have concerning you. An exception would be separate psychotherapy process notes kept by the individual serving as a psychotherapist. These notes are not part of the medical record and cannot be released to anyone. There are certain reasons why you can be denied access to your health information, and if your request is denied, you must be provided the reason for denial. You are also entitled to a summary of your health information.
- You can ask that your health information be corrected if you feel that information in your medical record is incorrect.
- You can request a list of when we have given your health information concerning you to other people in the last six years.
- You can request that we limit the way we use/share your health information. All requests will be considered, however, we are not obligated to adhere to your request.

### Responsibility of Pathways Counseling:

- The law requires us to protect the privacy of your health information. We will not use or let other people see your health information without your permission except in the ways outlined in this notice. We will not let anyone know that you sought, are receiving, or have ever received services from anyone in this office, unless the law allows us to disclose that information.
- We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the revised notice available to you at our office.
- We are required to notify you if we are unable to agree to a requested restriction.
- We are required to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We will not use or disclose your health information without your authorization, except as described in this notice. We will not disclose information about you related to HIV / AIDS without your specific written permission.

### Disclosures Regarding Treatment, Payment, and Health Operations:

- A primary use of your health information is for treatment.
  - We may use health information about you to provide you with medical treatment or services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider.
  - Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.
- Another primary use of your health information can be for payment
  - Your health information can be disclosed to obtain payment for providing health care under medical insurance plans, such plans as Medicare. Your health information can be used to bill your insurance company for care provided to you. Applicants for and recipients of financial assistance or payments under federal benefit programs are advised that any information provided by you may be subject to verification through matching programs.
- Another primary use of your health information can be for health care operations
  - Your health care information can be used for activities to improve health care, evaluating programs, and developing procedures; reviewing the competence, qualifications, and performance of health care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; providing medical review, legal services, or audit functions; and engaging in business planning and management or general administration.

### Other Disclosures or Limits of Confidentiality:

It is important you understand all identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, written, or in person about clients is not provided. You will need to sign consent to release information before any information is provided to a 3<sup>rd</sup> party outside of this office. This condition applies to cases where coordination of treatment is necessary with another health professional (e.g. physician, psychiatrist). However, there are exceptions and/or limitations to confidentiality. The following are some exceptions that allow or require the release of confidential information, without client consent. Examples include:

- In cases of immediate risk/threat of suicide or homicide on the part of the client.
- In cases of child or elderly abuse or neglect.
- In cases required by law or court subpoena.
- In case consultation. As professionals, we do consult with one another from time to time. Any clinical material is conveyed without identification whenever possible. At other times, it will be necessary (for example, if another therapist is covering calls during a vacation).
- Case material is sometimes used in training, research, writing, etc. This is always done with identifying information removed and with great care and respect for privacy.

**UNLESS YOU ARE RECEIVING TREATMENT FOR ALCOHOL OR DRUG ABUSE, WE ARE PERMITTED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT PERMISSION FOR THE FOLLOWING PURPOSES:**

**Business associates:** It is possible that some services will be provided in our organization through contracts with business associates. Examples may include but are not limited to inpatient mental health services at certain hospitals, certain clinical laboratories, and private providers of medication management. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill for services rendered. To protect your health information we require the business associate to appropriately safeguard your information.

**Medical Examiners/Coroners:** We may disclose health information to Medical Examiners or Coroners consistent with applicable law to carry out their duties.

**Workers compensation:** We may disclose private health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or their respective agents, private health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**REGARDING PATIENT RECORDS FOR SUBSTANCE ABUSE AND TREATMENT:**

**Confidentiality of Alcohol and Illicit Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by Pathways Counseling is protected by Federal law and regulations. Generally, we may not disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If have questions and would like additional information, you may contact Pathways Counseling at 817.933.4878. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**U.S. Department of Health and Human Services:**

200 Independence Avenue. S.W. Washington, D.C. 20201  
**(800) 368-4019 (toll free)**

HIPAA Effective Date: April 14, 2003

**PROVIDER:** Susan Reed holds a Master's Degree in Social Work from UT Arlington, completed 3,000 supervised hours, and passed all required exams to be independently licensed as a Clinical Social Worker through the Texas State Board of Social Work Examiners. Additionally she is a Board Approved Supervisor. If you have questions, concerns or complaints, I hope you feel free to raise concerns with me so we can work to resolve concerns together. If we are unable to reach a satisfactory solution you can direct inquiries and complaints to the Texas State Board of Social Work Examiners at 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3183 or 800-232-3162.



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### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

The Health Insurance Portability Act of 1996 (HIPAA) requires that health agencies provide a Notice of Privacy Practices to all persons receiving services. This form acknowledges that you have received a Notice of Privacy Practices statement from Pathways Counseling.

\_\_\_\_\_ Printed Name and date

\_\_\_\_\_ Signature

### SIGNATURE PAGE

***Please initial each line and sign at the bottom to acknowledge that you have read and understand our current office policies.***

General Office Policies: \_\_\_\_\_  
Concerning Insurance: \_\_\_\_\_  
Phone Calls/After Hours/Limits of Counseling Relationship: \_\_\_\_\_  
FMLA: \_\_\_\_\_  
Court Policy and fees: \_\_\_\_\_  
HIPAA: \_\_\_\_\_  
Financial Consent & Accountability Statement: \_\_\_\_\_

\_\_\_\_\_ Signature and Date

\_\_\_\_\_ Printed Name

**CONSENT TO TREATMENT:** By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

While it is generally expected that you will benefit from therapy, there may be periods of feeling worse before feeling better and there is no guarantee of success in therapy. There may be alternative treatments or modes of therapy to consider. I will encourage you to become aware of these factors and to ask any questions you may have at any time during our work together.

\_\_\_\_\_  
Signature – Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date



### Professional Fees & Fee Agreement

Session Fee Schedule is as follows:

Regular Office Visit:	EMDR Intensives:
Intake: 150.00	3 Hour: \$320
50 minutes: 120.00	6 Hour: \$630
90 minutes 180.00	

The following is a fee agreement between you and Pathways Counseling. You are expected to pay for each session in the amount of \$\_\_\_\_\_ at the beginning of each session.

**INSURANCE:** Fees and/or co-payments vary according to insurance companies. I authorize the release of any medical or other information necessary to process an insurance claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to **Pathways Counseling**.

Insurance company: \_\_\_\_\_ ID # \_\_\_\_\_  
Group#: \_\_\_\_\_ Insurance Provider phone#: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Relation: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID # \_\_\_\_\_  
Group#: \_\_\_\_\_ Insurance Provider phone#: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Relation: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

### Financial Consent & Accountability Statement

I am aware that I must call to cancel an appointment within 24 hours of that appointment in order to avoid full financial responsibility for that session. It is my responsibility to call my counselor to cancel my appointment.

Furthermore, I agree to the one-time charge or debit to my credit/debit card in the amount of my regular appointment fee plus the service charge, following any missed session or appointment cancelled with less than 24 hour’s notice. **Pathways Counseling** is not required to notify me of this charge.

I am aware that payment is due at the beginning of each session. All checks should be made out to **Pathways Counseling**. If paying by cash, only exact amounts will be accepted. If you do not bring exact cash, your counselor will not be able to make change and the excess will be applied to your next session. If you choose to pay ahead for sessions, please be aware that we do not provide refunds for unused sessions.

If my check is returned for insufficient funds I agree to bring cash payment for the session and the NSF bank charge before my next scheduled appointment. If no cash payment is made, I agree to a one-time credit/debit charge to my account plus the NSF fee and the service charge to be made. **Pathways Counseling** is not required to notify me of this charge.

**Credit /Debit Card Information:**

Name as it appears on the card \_\_\_\_\_  
Credit/Debit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_  
Cardholder’s Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature – Client

\_\_\_\_\_  
Date