

INFORMATION AND INFORMED CONSENT

Services Provided: I provide a variety of psychological services, including but not limited to individual and group psychotherapy, psychological testing and evaluations, and consultation. Each of these activities is covered by the rules of practice for counselors in the state of Texas and is governed by the Texas State Board of Examiners of Counselors. We will jointly determine the goals of treatment for you and I will make recommendations as I deem appropriate to include referrals to another professional if it appears to be helpful

Records and Diagnosis: I am required by law to maintain records. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. These records will not be released without written consent except in situations described under Confidentiality. Also, if you are going to file for insurance reimbursement, I will need to assign a diagnosis.

Time Parameters: Individual counseling sessions and couples counseling sessions are scheduled for 45 minutes.

Fees and payment: The fee is \$150 for an individual session and \$195 for couples/ family session. Phone consultations are available at individual session rate of \$150. Phone calls and consultations with other physicians will be billed at the same rate as for psychotherapy. Requested reports, letters, correspondence will be billed at the hourly rate. Reproduction of documents will be done so for a fee. Forensic Testimony fees are \$300 per hour to include preparation, travel time and wait time.

Payment is required at the time services are rendered and be made by cash, check, Visa or MasterCard. If your check is denied, there is a \$30 charge plus the amount of the original check. At that point, it will be required to pay by cash or credit card.

If payment is not provided for the services rendered, this may be reported to a collection agency and treatment may be discontinued by the therapist. In such a situation, referrals to other professionals will be provided.

Statements: A monthly statement of services will be forwarded to you by mail and may be used to file with your insurance company.

Electronic Transmission: Confidentiality cannot be insured when communicating through electronic media. Be advised that email sent via work place is legally accessible by an employer.

Cancellations: Scheduled appointments must be cancelled 24 hours prior to your scheduled visit. When you schedule an appointment that time is reserved for you unless you cancel it. If you do not give 24 hour notice to fill the time, then you are financially responsible for that time reserved for you and you will be billed at the hourly rate. _____ initial

Confidentiality: Confidentiality is a legal protection and assurance of your right to privacy within the limits of the Texas state statutes. It is your right that all communication with me be completely private with few exceptions: I consider you a danger to yourself or to others I must inform the police
a court subpoenas your records I must cooperate.
you are a minor, elderly or disabled and I believe that you are a victim of abuse, I must inform CPS
you have perpetrated abuse against a minor, elderly, or disabled person
you had sexual contact with a previous psychotherapist or clergy member
you file suit against me.
you are under the age of 18 and your parent or legal guardian requests information that I consider necessary for them to support your treatment, I will ask your permission to discuss such issues with them.

My signature below indicates that I have read this statement of information regarding treatment with Jamie Leonard and consent to all of the above. Further, I have received notice of privacy practices on this date.

Client Name (print): _____ Date of Birth: _____

Client Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ E-mail: _____

(If under 18 years old) Parent Name : _____

Parent Signature: _____ Date: _____

Notice of Privacy Practices

You May Retain This Page

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request.

We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that we maintain. The revised Notice will be posted in the waiting room. You may request a copy of the revised Notice at any time.

We will answer your questions about our privacy practices and do ensure that we comply with applicable laws and regulations. We will also take your complaints and can give you information about how to file a complaint.

Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations.

We may use or disclose limited information from your record to obtain payment for the services you receive. For example, we may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.

We may use or disclose information from your record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved or contacting you with information about treatment alternatives. For example, we may use information in your record to train another therapist.

Your rights

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment or payment. However, we do not have to agree to these restrictions.

You have a right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations. Your request must be in writing.

If you believe information in your record is inaccurate or incomplete, you may request amendment of the information. You must submit sufficient information to support your request for amendment. Your request must be in writing.

You have the right to request an accounting of any disclosures made by us.

You have the right to complain to us about our privacy. You have the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. You will not face retaliation from us for making complaints.

Except as described in this Notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

Use or disclosure of your protected health information that we are required to make without your permission

Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists must report suspected child abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others.

Also, we must disclose information to the Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your health information.

We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even without a court order.

You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us. We may contact you to provide appointment reminders as a courtesy. Please notify us if we are not to leave a telephone message. You are responsible for remembering your appointment, whether or not you receive a reminder.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.