Survival 2 Victory
Counseling Services

Information, Authorization and Consent for Treatment

Welcome to Survival 2 Victory Counseling Services. This document is designed to inform you about what you can expect from Survival 2 Victory (S2V) regarding confidentiality, emergencies, and several other details regarding your treatment.

Risk and Benefits:

There is a possibility of risks and benefits which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, and goals; increased academic productivity; and an improved ability to deal with everyday stress. Taking personal responsibility for working through these issues increases the likelihood of greater growth.

Confidentiality and Records:

Your communications with S2V will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be secured in a file stored in a locked cabinet in a locked office. Additionally, S2V will always keep everything you say completely confidential, with the following exceptions:

- **Request of the client**: The client can request certain information to be share for reasons such as collaboration of care with a primary physician, psychiatrist etc. The client must sign a "Release of Information" form.
- **Duty to Warn and Protect:** If you disclose a plan or threat to harm yourself, the counselor must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the counselor is required to warn the possible victim and notify legal authorities.
- **Abuse of Children and Vulnerable Adults**: If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the counselor must report this information to the appropriate state agency and/or legal authorities.
- **Prenatal Exposure to Controlled Substances**: Counselors must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- **Insurance Providers**: Insurance companies and other third-party payers are given information that they request regarding services to the clients.

  The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc. *Fee for Service Clients* - Records for self-pay clients cannot be shared without the written consent of the client or the client's legal guardian or personal representative. Since there is not a third-party health care provider assuming the billing of your treatment, all sessions are completely confidential and do not involve any use of medical billing or third-party health care providers.

Structure and Payment for Sessions - Payment of either co-pay/co-insurance or full self-pay rate is due prior to the start of the session. Payment can be made via Credit/Debit card: Visa, MasterCard, Discover, American Express, or Cash. S2V will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. Needing to talk with your counselor between sessions may indicate that you need extra support. If this is the case, you and the counselor will need to explore adding sessions.

Cancellation Policy - S2V has a 24-hour cancellation/rescheduling policy. Your scheduled session is time that we set aside especially for you therefore in the event that you are unable to keep an appointment, you must notify our office at least 24 hours in advance. If an appointment is missed, cancelled, or changed with less than 24 hours' notice you will be charged the full fee for the appointment hour. (the only exception would be made if cancellation was due to an illness or emergency). We appreciate your help in keeping the office schedule running timely and efficiently. Thank you for your understanding and cooperation.

E-MAIL Communication - Emails may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party. S2V will only communicate with client via email regarding issues related to: appointment scheduling: requests/reminders, and patient education. Your counselor will not engage in email communication to practice counseling/therapy. If you are unsure if the issue you wish to discuss should be included in an e-mail, you should call your counselor's office.

In Case of an Emergency - S2V is an outpatient facility. We do NOT offer crisis counseling or emergency services. If you have a mental health emergency, call 911 or go to your nearest emergency room.

Professional Relationship - S2V assure that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. S2V will maintain a professional relationship with clients at all time. Interactions other than client and counselor is called a "dual relationship," and is unethical in the mental health profession. Dual relationships can set up conflicts between the counselor's interests and the client's interests. S2V maintains integrity and professionalism at all times. S2V must decline any invitation to attend personal gatherings or accept any gifts from clients. It is S2V duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for the protection of the client.

Survival 2 Victory
Counseling Services

Agreement to counseling services

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices"** provided to you separately.

By signing this form, you are affirming that you have read, understand, and agree to its contents and you are authorizing S2V to begin treatment with you.

_____ _____
Client Name Print Date

_____ _____
Client Signature Date

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

_____ _____
Counselor's Signature Date