

## NOTICE OF PRIVACY PRACTICES – Group Clients

This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

**To What Health Information Does This Notice Apply?** Protected Health Information is information that you provide to the Provider or that the Provider creates or receives about you and your health care and treatment, including but not limited to your name, age, race, sex, and other personal identifying information, information related to your physical or mental health in the past, present or future, information related to your care, treatment, services, and information related to payment for your care, treatment and services (herein, “Protected Health Information” or “PHI”).

**Who Must Follow This Notice?** The Provider is required to comply with the privacy practices described in this notice. The Provider reserves the right to change this notice and make any new practices effective for PHI the Provider already has and for PHI that the Provider receives in the future. Any changes made to this Notice will be posted at the Provider’s website ([www.whayneherriford.com](http://www.whayneherriford.com)) and made available to you on your next visit.

**Ways We Can Share Your PHI Without Your Written Permission:** In certain situations, described below, the Provider requires your written permission to share your PHI. However the Provider does not need any type of permission from you to share your PHI in the following circumstances:

- A. The Provider must share your PHI to provide that information to you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this Notice.
- B. Sharing Your PHI for Treatment, Payment or Health Care Operations. The Provider may share your PHI to provide “Treatment”, obtain “Payment” for your Treatment, and/or perform our “Health Care Operations”. This is what these terms mean
  - a. Treatment: The Provider may share your PHI to provide care and other services to you, for example, to provide a mental health evaluation. In addition, the Provider may contact you to provide appointment reminders or information about treatment options.
  - b. Payment. The Provider may disclose your PHI to receive payment for services that the Provider provides to you. For example, the Provider may share your PHI to request payment and receive payment from your health insurance company (“Payor”) and to confirm that your Payor will pay for services that the Provider provides for you. As another example, we may share your PHI with the person you told us is primarily responsible for paying for your Treatment, such as a spouse or parent.
  - c. Health Care Operations: The Provider may share your PHI for our health care operations, which includes management care coordination, planning and activities that are intended to improve the quality and lower the cost of our services.
- C. The Provider may share your PHI to Business Associates that perform functions on our behalf or provide the Provider with services if the information is necessary for such functions or services. Our Business Associates are required both by law and under contract with the Provider to protect the privacy of your PHI and are not allowed to share any information other than that as required by law or specified in a contract.
- D. Data Breach Notification Process. The Provider may share your PHI to provide you with notice about he unauthorized acquisition, access or disclosure of your PHI.
- E. Public Health Activities. The Provider is required or is permitted by law to report your PHI to certain government agencies and others. For example, the Provider may share your PHI for the following purposes:
  - a. to report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - b. as required in investigations by governmental bodies, including but not limited to licensing boards, health departments, and police;
  - c. to report known or suspected abuse or neglect to the appropriate public child or elder protective services agencies;
  - d. to report to your employer as required under laws addressing work-related illnesses and injuries or work medical surveillance; and
  - e. to attempt to prevent or lessen a serious and imminent threat to a person for the public’s health or safety or to certain government agencies with special functions such as the United States Department of State or the United States Department of Homeland Security.
- F. Health Oversight Activities. The Provider may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicaid or Medicare, are being followed.
- G. Judicial and Administrative Proceedings. The Provider may share your PHI in the course of a judicial or administrative proceeding, including but not limited to a response to a Court Order or other lawful process.

- H. Law Enforcement Purposes. The Provider may share your PHI with the police or other law enforcement officials as required or permitted by law, or in compliance with a Court Order or Warrant.
- I. Decedents. The Provider may share your PHI with a Coroner, funeral director or Medical Examiner as authorized by law.
- J. Worker's Compensation. The Provider may share your PHI as permitted by or required by State law relating to worker's compensation or other similar programs.
- K. As Otherwise Required By Law. The Provider may share your PHI when required to do so by law, rule or regulation not otherwise referenced above.

#### **Uses and Disclosures of your PHI Requiring Written Permission**

For any purpose other than the ones described above, the Provider may only share your PHI when you grant the provider your written permission ("Authorization"). For example, you may need to give the provider your Authorization to share your PHI with other people you identify, such as family members or friends.

Sharing your Highly Confidential Information. Federal and state law requires special protections for certain highly confidential information about you, which includes any portion of your health information that is (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, treatment and referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about sexually transmitted disease(s); (6) about genetic testing; (7) about child abuse or elder abuse or neglect; (8) about sexual assault; or (9) about In Vitro Fertilization (IVF) (collectively "Highly Confidential Information"). Before the Provider shares any of your Highly Confidential Information for a purpose other than those permitted or required by law, the Provider must obtain your Authorization.

#### **Your Rights Regarding PHI.**

Although your record is the physical property of the Provider, you have the following rights:

- A. You have the right to be informed of our privacy practices.  
Our practices related to protecting the privacy of your PHI are described in this Notice. You have the right to a paper copy of this Notice. When you first become our client, the Provider will ask you to sign an Acknowledgement of Receipt of this Notice indicating that you have received a paper copy of this Notice. You may also obtain a paper copy of this Notice anytime you visit.

A current copy of this notice can also be reviewed on the website ([www.whayneherriford.com](http://www.whayneherriford.com)). Even if you have access to the notice electronically you are entitled to a paper copy.

Submit your written request for a paper copy of this notice to the Provider at 335 Division #2, Bellevue, KY 41073.

- B. You have the right to request access to your PHI.  
You have the right to inspect and/or obtain your PHI that may be used to make decisions about your care. Usually this includes medical and billing records. In some cases you may receive a summary.

To inspect or obtain a copy of your PHI, you must submit a written request to the Provider at 335 Division #2, Bellevue, KY 41073. The Provider may charge a reasonable fee for any copies.

In certain circumstances, the Provider may deny your request to inspect and/or copy. For example you may not inspect and/or receive a copy of (1) psychotherapy notes, (2) information collected for use in a civil, criminal or administrative action, and/or (3) certain PHI that is otherwise protected by law. If you are denied access to your PHI, you may request that the denial be reviewed. Please call the Provider at 859-951-6162 if you have further questions.

- C. You have the right to request that the Provider disclose your PHI to others.

If you would like specific items of your PHI to be sent to someone else (for example to an attorney or to your employer), you must complete and sign the Authorization to Disclose Information Form. The Provider may charge a reasonable fee for any copies.

The Authorization to Disclose information form is available at 335 Division Street, #2, Bellevue, KY 41073 or on the website [www.whayneherriford.com](http://www.whayneherriford.com).

When the Provider receives your completed Authorization to Disclose Information form, the Provider cannot and does not guarantee that the person to whom the information is provided will not disclose the information.

You may revoke your Authorization to Disclose Information form at any time, in writing, but mailing your revocation request to the Provider at 335 Division Street, #2, Bellevue, KY 41073. Your revocation is effective upon receipt, except if the provider has already acted based on Your Authorization to Disclose Information form.

D. You have the right to request that the Provider correct your PHI.

You have the right to ask the Provider to correct PHI the Provider maintains about you if you believe the PHI is inaccurate or incomplete. Your request must be in writing and provide the reasons for your requested correction. The Provider will review your request and either make the correction or let you know why the Provider thinks the information is accurate and/or complete. If the Provider denies your request, you may give the Provider a written statement disagreeing with the decision that the Provider will keep with your PHI.

To request a correction to your PHI, mail your request to the Provider at 335 Division Street, #2, Bellevue, KY 41073.

E. You have the right to request that the Provider communicate with you in a certain way or at other locations.

You have the right to request that the Provider communicates with you about our health in a certain way or at a certain location. For example, you may ask the Provider to contact you at work or by U.S. Mail. The Provider will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to the Provider at 335 Division Street, #2, Bellevue, KY 41073.

F. You have the right to request restrictions or limitations on the sharing of your PHI.

You have the right to request restrictions or limitations on the sharing of your PHI. The Provider is not required to agree with your request, except that the Provider must agree with any request to restrict disclosure of specific information to your Payor, if you completely pay for the health services you request not to be disclosed out of your own pocket.

You have the right to request that the Provider restricts disclosures of PHI to your family members or to others who are involved in your health care or payment for your health care. While the provider will try to honor your request, the Provider is not required to agree to any such request.

Requests for restriction or limitation on the sharing of your PHI must be made in writing and sent to the Provider at 335 Division Street, #2, Bellevue, KY 41073. If the Provider does not agree, the Provider will notify you. If the Provider does agree, he will comply with your request unless the information is needed to provide you with emergency treatment.

G. You have the right to request an accounting of disclosures.

You have the right to request an accounting of disclosures made during the six years prior to your request.

An accounting of disclosures shall not include any disclosures made (1) prior to April 14, 2003, (2) for Treatment, Payment and/or Health Care Operations, (3) to you pursuant to any authorization given by you, (4) to correctional institutions or law enforcement officials, and (5) other disclosures for which federal law does not require the Provider to provide an accounting.

A request for an accounting of disclosures must be in writing and sent to the Provider at 335 Division Street, #2, Bellevue, KY 41073.

H. You have the right to file a complaint.

If you believe any of your privacy rights have been violated, you may file a complaint with the provider at 335 Division Street, #2, Bellevue, KY 41073. You may also notify the Secretary of the U.S. Department of Health and Human Services at the following address:

Timothy Noonan, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
San Nunn Atlanta Federal Center, Suite 16T70  
61 Forsythe Street, S.W.  
Atlanta, GA 30303-8909  
Customer Response Center (800) 368-1019  
Fax (202) 619-3818  
TDD (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

Forms are also available on the HHS website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

I. You have the right to express concerns or to ask questions.

If you have any concerns about the privacy of your PHI or if you have questions about this Notice, please contact the Provider at 335 Division Street, #2, Bellevue, KY 41073.

## Professional Disclosure Statement

**Wayne Herriford, MS, LPCC**

859-951-6162

E-mail: [wayneherriford@gmail.com](mailto:wayneherriford@gmail.com)

### Qualifications

- Master's Degree in Clinical Mental Health, 2013, Northern Kentucky University  
KY License 241089
- Master's Degree in Business, Stanford University
- Bachelor's Degree, Education, Antioch college

### Counseling Background

- Populations served range in age from adolescence through adults.
- Services offered include individual counseling and group counseling. Theoretical orientation is a combination of reality (choice) and REBT (cognitive) theories. Counseling approach is solution-focused with an emphasis on current concerns and discussion of past events only as they relate to resolving those concerns.
- Areas of specialized focus include LGBT issues, issues related to race and discrimination and group counseling.

### Session Fees and Length of Service

- Group sessions are ninety (90) minutes long.
- Individual participation in group sessions in \$20 per session. (Fees may be discounted when there are relevant financial needs.)

### The Counseling Process

People choose to participate in counseling for a wide variety of reasons. It may be because of a personal concern in your life, because of difficulties in a relationship, to explore or understand an event in your life or for extra credit in one of your courses. Meeting with a counselor does not mean that you have a problem or something is wrong. Counseling offers an opportunity to talk about things in a safe and confidential setting with someone who is trained to listen and give you feedback when it's requested and appropriate.

My approach to counseling is to make it client-centered, that is, allowing you as the client to determine the topics, direction and intensity of any conversations that we have. In most cases I will ask questions to either understand something better or to help clarify and further explore something that you have said. If asked I may share my thoughts or opinions, but my primary role is to support you in the exploration of whatever it is you bring to the discussion.

My belief is that participation in counseling has positive outcomes, both in the short and long term. Being able to meet with and talk with someone who is there primarily to listen, who is not interested in judging or evaluating what you say and who can give you honest and objective feedback if requested is an invaluable opportunity.

### Rights of Client

I will probably take notes during our session to facilitate my recall of our conversations as well as to help document progression during our sessions. These notes are available to you to review at any time during our sessions and I will make any changes you suggest to better capture your statements, thoughts or intents. These notes are confidential (per the terms mentioned below) and will be destroyed at the end of the semester.

I also invite you to ask me any questions about suggestions I make, activities I suggest or things I might ask you to do outside of our sessions, particularly if you don't understand their value or purpose. You have the right to decline to participate in any activity at any time without having to explain your decision. Likewise you have the right to decline to answer a question I might ask without having to explain that decision.

I understand that there may be times when a scheduled meeting needs to be cancelled or rescheduled. I am happy to be as flexible as I can in these situations. If possible, please allow at least 48 hours notice when cancelling so that I can schedule an alternative schedule as well as manage my own time better.

At any time during our process you may cancel or discontinue services. You may do so via email to me, to my supervisor or by calling either one of us. You are not required to state why you have chosen to discontinue services, though this information may be helpful for us to understand what we might do differently or better in the future.

**Confidentiality**

I will disclose any information that you disclose during the counseling process unless:

- You give written consent [ORC 2317.02]
- You make specific violent threats to harm an identifiable victim [ref., KRS 202A.400; ORC 5123.61; ORC 5122.10]
- I am (and/or my supervisor is) named as defendants in a civil, criminal, or disciplinary action arising from the counseling session [KRS 335.515(11); ORC 2317.02]
- I receive a court order to provide information [ORC 2317.02]
- I have reasonable cause to believe that a child or adult with a disability has suffered abuse or neglect [KRS 620, KRS 209; ORC 2151.421, ORC 5101.61]

(Note: Counselors are required by the referenced laws to report such incidents to authorities.)

## Client Information and Acknowledgement of Informed Consent to Treatment Individual Clients

**Therapist:** Whayne Herriford, MS, LPCC (hereinafter referred to as “the Provider” is a licensed professional clinical counselor engaged in the private practice of mental health counseling in the Commonwealth of Kentucky.

**Nature and Purpose of Services:** The purpose of receiving mental health or substance abuse care services is to help you better understand your situation, change your behavior or move forward to resolving difficulties. Using the Provider’s knowledge of human development and behavior, the Provider will make observations about situations as well as suggestions for new ways to approach them. It is important for you to examine your own feelings, thoughts and behavior and try to find new approaches in order for change to occur.

The services the Provider offer can have benefits and risks. Since treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, mental health and substance abuse care services have also been shown to have benefits. Treatment may often lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However there are no guarantees of what you will experience.

**Extent and Timeframe for Services/Appointments:** Group meetings are ninety minutes in length.

**Fees:** The standard fee at this time is \$20.00 for a 90 minute group session, payable at the end of each session.

**Missed Appointments:** You are asked to give notice when you cannot attend a group session to assist with planning. Excessive absences may result in removal from the group.

**Relationship:** As the Provider’s client we will have a therapeutic and professional relationship. In order to preserve this, it is imperative that the Provider not have any other type of relationship with you. Personal and/or business relationships undermine our professional and therapeutic relationship. While the Provider cares about helping you, the Provider cannot have a social or personal relationship with you.

**Goals:** There may be alternative ways to treat the problems you are experiencing. It is important for you and the Provider to discuss any questions you may have regarding your treatment and for you to have input into setting goals for your therapy. As your therapy progresses, your goals may change. The provider will work with you to address the changes in your goals.

**Privacy:** Please see the document entitled, “Notice of Privacy practices”

**Professional Records:** The Provider is legally required to keep documentation about the services provided to you in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways problems affect your life, your diagnosis, your treatment goals, your progress towards those goals, your medical, social and treatment history, results of clinical tests (including raw test data), any past treatment records the Provider receives from others, reports of any professional consultations, payment records, copies of any reports that the Provider has sent to anyone, and either annotations of copies of email we exchange.

The Provider may also keep psychotherapy notes which are for the Provider’s own use and designated to assist the Provider in providing you treatment. These notes are kept separate from your Clinical Record. They are not considered part of your Clinical Record and are not released, except in rare legal circumstances.

**After-Hours Emergencies:** In the event of an emergency go to a hospital Emergency Room or call 911.

**No Discrimination:** The Provider shall not practice, condone, facilitate, collaborate or otherwise participate in any form of discrimination prohibited by applicable law or professional practice.

**Consent:** By my signature below:

- a) I hereby give my informed consent to receive mental health or substance abuse assessment, care and/or treatment from the Provider;
- b) I understand that I have the right to refuse or withdraw the informed consent given above;
- c) I understand that I will participate in the planning of my care, treatment and services and that I may stop such care, treatment and services at any time for any reason;
- d) I understand there are no guarantees that treatment will be successful;
- e) I agree that, in the event of disability, death or retirement of the Provider, I will instruct the Provider where to send my Clinical File and records;
- f) I acknowledge that I have read and understood all information contained herein and that I have been given an opportunity to ask questions concerning this document;
- g) I acknowledge that I have been given a signed copy of this document.

Group Clients



## Men's Group Expectations

I understand that participation in the Gay Men's Support Group will require me to respect certain standards to ensure that everyone's experience of the group is of the highest possible quality possible. Those expectations include:

### 1. CONFIDENTIALITY

Traditionally 'what is said in this room stays in this room', though we usually agree that we may discuss our own process and even refer to something that may be helpful to someone out of the group as 'something I saw on TV', or 'my friend said', etc. The important thing is that no one other than yourself can be identified!

### 2. RESPECT

Respect in this group means to listen to others when they speak, and be aware of how you are behaving. Treat others in a way you would expect to be treated by them. Respect of other people naturally follows on from self-respect, as lack of self-respect will reflect in lack of respect for others. Respect our own truth, boundaries, feelings, instincts and intuition.

### 3. TAKE PART

You get from the experience of being a group member what you put into it. Stretching yourself when you feel like being quiet can often be an important activity. Telling the truth and sharing our selves gives everyone else in the room safety and permission to do the same. Likewise, it would be better to authentically and honestly say "Pass" than to lie, perform, get into automatic-pilot banter or go into our heads and get out of touch with ourselves.

If something said by another, or something comes up that may feel uncomfortable, bring up anger, sadness, etc. it would probably be better to work this through with the group – or at least name it, instead of quietly holding on to it – rather than taking it away with you and allowing its power to overshadow you for however long it may take hold.

### 4. BE HONEST

Be honest to ourselves - about our feelings as well as our words – because that way we can own our feelings and work things through, rather than quietly internalize and carry it until we find an opportunity to dump it on someone else, within / outside the group.

### 5. OWN IT

Use "I" statements, rather than "you", "one" or "we". What is being said by you may not be true for all present but it's true for you and that's ok. Depersonalizing is often a way of avoiding ownership of a feeling, an experience, opinion, or issue.

### 6. DON'T BULLY

Neither aggressive, nor passive-aggressive bullying is an option here. No one's safety is to be compromised. This is a space where people can learn how to challenge, or disagree with another person, clearly, honestly, honorably and with respect.

### 7. DON'T VAMP OR STEAL

When someone is telling their story, give them the space to express it from their experience, without projecting how good, bad or ugly it is; without jumping into / steering / boosting their drama; without upstaging them with a more dramatic story, so they can listen to their own words and choose how to work it through.

**8. EXPERIMENT WITH WHO YOU ARE**

You may be known as a joker, peacemaker, shy, confident, introvert, extrovert, whatever personalities your circles are used to. This space encourages us to experiment with allowing some of the quiet parts inside to come out and see how authentic they feel; with the option of asking for feedback.

**9. RESPECT BOUNDARIES OF RELATIONSHIPS**

Group members may decide to meet or communicate outside of the group setting. It's important, though, to recognize that these meetings will likely affect relationships with other group members who won't be part of those conversations or interactions. Additionally, discussing other group members who are not present is not healthy and should be avoided. Under no circumstances is it acceptable for active group members to have any physical or sexual relationship with another group member as this creates a dynamic which is not intended to be part of the group experience.

Though the group facilitator will assist in maintenance of these standards and expectations, I understand that each member of the group has the responsibility to both operate within these agreements as well as hold others accountable for them.