

Good Healer Christian Counseling  
Jason Bien, MAMFC, MACE, LPC-S  
www.jasonbien.com

## CLIENT INFORMATION

*(This information is necessary for our files and is strictly confidential)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE FEMALE

MARRIED SINGLE OTHER EMPLOYED FULL-TIME STUDENT PART-TIME STUDENT

Address: \_\_\_\_\_  
*(Street) (City) (State)*  
*(Zip Code)*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Do you check it regularly? YES NO

Which form of contact is preferred? PHONE CELL EMAIL ADDRESS

Whom may we thank for referring you to Good Healer Christian Counseling? \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Group Number \_\_\_\_\_ Are you the primary insured? YES NO

Primary Insurance Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
*(If different from client's) (Street) (City) (State) (Zip Code)*

Employer: \_\_\_\_\_

### IF CLIENT IS A MINOR, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_  
*(If different from client's) (Street) (City) (State)*  
*(Zip Code)*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
*(If different from client's)*

Email: \_\_\_\_\_ Do you check it regularly? YES NO

Which form of contact is preferred? PHONE CELL EMAIL ADDRESS

## EMERGENCY CONTACT

*(This information is necessary for our files and is strictly confidential)*

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

# *Good Healer Christian Counseling*

## Client Informed Consent

*Philosophy:* I am a Christian counselor who uses both the wisdom that God has given us through His Word and the wisdom that man has produced over time through trial and error. Though I am a Christian, I will work to meet you where you are and respect your religious views.

*Counseling Relationship:* Counseling sessions will last for approximately 50-55 minutes for adults and 30-45 minute for minors based on their attention span. The counseling contact will be limited to the counseling sessions that are scheduled in advance. Because of professional ethics, phone contact will need to be minimal as phone counseling is not an area of training for this counselor. Please make sure to write down your appointment date and time at time of session, as contact is limited during non-business hours. Texts can be sent to 903-920-9004, and you may email at [jasonbienlpc@aol.com](mailto:jasonbienlpc@aol.com). Texts and email received after business hours will be responded to on the next business day.

*Effects of Counseling:* Counseling is a personal exploration and may lead to major changes in your life perspective and decisions. These changes may affect significant relationships, your job, and your understanding of yourself. The exact nature of these changes cannot be predicted, and some may be temporarily distressing. We will work together, as a team, to achieve the best possible results for you.

*Client Termination:* Some clients need only a few sessions to achieve their goals while others require months and sometimes years of counseling. You are in complete control and may end counseling at any time, though I do ask that you participate in a termination session.

*Counseling Minors:* It is important that your child is able to establish a trusting relationship with their counselor; therefore, I will only give parents my opinion about my interaction with their child and will not go into specifics unless I deem it necessary. If the child discloses something that needs to be shared with a parent, I will first prompt the child to share it with the parent in session before disclosing directly to a parent. Since issues often come up regarding parents during these sessions, it is imperative that the parent be willing to address these issues and make appropriate changes based on the recommendation we discuss.

*LPC-S -Licensed Professional Counselor Supervisor:* This is the designation I hold with the state of Texas. To achieve this licensure, the requirement of a Master's degree in counseling, many supervised hours in the Southwestern clinic, and three thousand counseling hours after graduation under a state licensed supervisor was needed. In addition to a Master's degree in Marriage and Family Counseling, I also hold a Master's degree in Christian Education. Hopefully this will answer any questions regarding experience or education. If you have any other questions regarding this, all questions can and will be answered in session.

*Referrals:* Should you or your counselor believe a referral is necessary, alternative counselors or programs will be provided to assist you. You will be responsible for contacting and evaluating each service according to your individual needs.

*Fees:* As of January 1, 2024 Good Healer will offer the following self-pay counseling rates: \$130.00 for the initial assessment session. Each additional session will be based on combined household income; \$100.00 per session for those who make \$80,000 a year or less, \$130.00 per session for those who make more than \$80,000. For insurance clients, applicable co-pay rates apply. Check with your counselor to see if your insurance is accepted. *The fee for each session must be paid at the beginning of each session.* Please make note that a 24-hour advance notice is needed when cancelling a session. Emergency cancellations will be considered on a case-by-case basis. *If 24 hours is not given, this counselor reserves the right to charge for the missed session before making future appointments.*

*Records and Confidentiality:* All communication between you and the counselor will become part of the clinical records. All LPC records may be staffed between counselors in the Good Healer offices to better facilitate the best treatment for you. Adult records will be disposed of seven years after sessions are terminated. All minor's records will be kept until five years after the minor turns eighteen. In case of emergency, death, or retirement of this counselor, all records will go to Jennifer Wood, LPC. All communication is confidential with these exceptions:

1. If it is determined that you are a danger to yourself or someone else. \_\_\_\_\_
2. If you disclose abuse or neglect or any exploitation of a child, elderly, or disabled person. \_\_\_\_\_
3. If you disclose inappropriate behavior by another mental health professional.  
\_\_\_\_\_
4. If a judge (not a lawyer) asks for you records to be opened for any reason. \_\_\_\_\_
5. If you ask your counselor to release your records to another mental health professional. \_\_\_\_\_

In addition to these that are required by law, when conducting marriage counseling, the counselor reserves the right to disclose information discussed in individual sessions with the corresponding spouse if deemed necessary for the health of the marriage. \_\_\_\_\_

*Future Litigation:* Since it is important to maintain the confidentiality of the client(s) both now and in the future, the undersigned agrees not to involve the counselor in any current or future litigation within the court system. If the counselor is called to testify for any reason, a fee of \$3000.00 per day plus expenses will be billed to the client in advance of the court date.

*By your signature below you are indicating that you have read and understand this consent form, and/or that any questions you have about this statement were answered to your satisfaction. Please print a copy of this document for your personal records.*

\_\_\_\_\_  
Signature of the client (or guardian if minor)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email

## Good Healer Christian Counseling

### CLIENT PAYMENT POLICY

#### **When do I pay?**

The fee for each session must be paid at the beginning of each session. A credit card will be required to schedule the initial appointment. The credit card serves only to hold your appointment; in office counseling fees will be paid at time of service. Credit cards will be charged \$50.00 in the event that the initial appointment is not kept and 24-hour notice was not provided.

#### **How may I pay?**

Our office accepts payments by cash and check. Please make checks payable to Jason Bien, LPC. There will be a \$35 charge on any returned checks for insufficient funds, and our office may seek legal action.

#### **Do you file to my insurance?**

We file to your insurance company as a courtesy to you. Based on the information you provide, we will attempt to verify your insurance benefits before your initial visit so that you are aware of any charges you may incur beforehand. It is important to understand that some coinsurance amounts are not able to be determined until insurance pays on a claim. Any statement you receive from our office is sent as a request for payment, not as a notification of insurance payment. If you are receiving a statement from our office, it is because your insurance has said that the amount owed is your responsibility. Our office expects timely payment upon receipt; if an account not paid within 90 days from the date of service, a \$20 service fee will be added to the total amount owed. If you are questioning the bill, you may contact your insurance company directly to find out why they have applied the amount to your out-of-pocket expenses.

I give my consent for Good Healer to bill my insurance: \_\_\_\_\_

#### **How much do I owe?**

Self-Pay Counseling Rates: \$130 for the initial, assessment session, each additional session will be based on combined household income:

\$100 for those who make \$80,000 a year or less,

\$130 for those who make more than \$80,000.

Insurance Clients: applicable co-pay rates apply; check with your counselor to see if your insurance is accepted.

#### **What about cancellation fees?**

Please make note that a 24-hour advance notice is needed when cancelling a session. Emergency cancellations will be considered on a case-by-case basis. If 24 hours is not given, this counselor reserves the right to charge for the missed session at the full, billable amount of \$130 before making future appointments.

I acknowledge that I have read, understand, and will comply with these payment policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client or Legal Guardian)

## CLIENT'S PERSONAL HISTORY

*(This information is necessary for our files and is strictly confidential)*

### A. YOU AND YOUR FAMILY:

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

How long have you lived in this state? \_\_\_\_\_ In this country? \_\_\_\_\_ Do you move often/seldom? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church Member: YES NO

If you attend church, what is the church name? \_\_\_\_\_

Is your... FATHER LIVING MOTHER LIVING TOGETHER DIVORCED If divorced, how many years? \_\_\_\_\_

Was your family... POOR AVERAGE RICH What language is spoken at home? \_\_\_\_\_

Was your home life... VERY HAPPY PLEASANT BEARABLE UNHAPPY

Number of Brothers: \_\_\_\_\_ Ages \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Abilities/Special Interests: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Abilities/Special Interests: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Interests that you and your parents share: \_\_\_\_\_

Marital Status: SINGLE ENGAGED MARRIED SEPARATED REMARRIED DIVORCED WIDOWED

Length of Current Marriage: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE FEMALE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE FEMALE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE FEMALE

**B. YOUR HEALTH:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Physical Condition: EXCELLENT GOOD FAIR POOR

Please describe any physical handicaps or health worries that bother you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you do to keep in good physical condition? \_\_\_\_\_

Are you able to relax easily after strenuous effort? \_\_\_\_\_ Are you happy most of the time? \_\_\_\_\_

What worries, anxieties, or strong prejudices do you have? \_\_\_\_\_

\_\_\_\_\_

When was your last complete physical examination? \_\_\_\_\_ What was the result? \_\_\_\_\_

When did you last visit a doctor? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever been refused insurance or employment because of a physical condition, if so please explain? \_\_\_\_\_

\_\_\_\_\_

**C. YOUR FINANCES:**

Do you have an independent income? \_\_\_\_\_ Do you have a system of saving money? \_\_\_\_\_

Are you currently in financial crisis? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_ Their Ages: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What financial help are you seeking in order to carry out your educational, vocational, or other plans? \_\_\_\_\_

\_\_\_\_\_

If you do not pay your bills, who assists you? \_\_\_\_\_

**D. YOUR ISSUES:**

What concerns have brought you to counseling? \_\_\_\_\_

\_\_\_\_\_

Where are your concerns causing the most problems for you? (Please circle ALL that apply)

HOME                  WORK                  MARRIAGE                  RELATIONSHIP WITH OTHERS                  GOD

What concerns about you have others identified? \_\_\_\_\_

\_\_\_\_\_

Please rate the severity of your current concerns on the following scale:

0      1      2      3      4      5      6      7      8      9      10

MILD                  MODERATE                  SEVERE                  INCAPACITATING

Are you now or have you in the past seen another counselor about your concerns, please explain? \_\_\_\_\_

\_\_\_\_\_

Are you now or have you in the past seen another counselor about your concerns, please explain? \_\_\_\_\_

\_\_\_\_\_

Briefly describe the issues that are important to you. Please mention any ambitions, difficulties, obstacles, etc., even if they seem relatively unimportant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have these issues been important? \_\_\_\_\_

What avenues have you explored to work on them? \_\_\_\_\_

\_\_\_\_\_

With whom do you usually talk over your problems or plans? \_\_\_\_\_

In what ways is your family sympathetic/unsympathetic toward your issues? \_\_\_\_\_

\_\_\_\_\_

Do you have any special dreams or goals that currently influence you? \_\_\_\_\_

\_\_\_\_\_

**E. YOUR INTERESTS AND TRAITS:**

What are your present hobbies or keen interests? \_\_\_\_\_

Past hobbies or interests (*if different*)? \_\_\_\_\_

To what clubs/organizations do you now belong? \_\_\_\_\_

Is your social activity chiefly with groups of your own age? Older? Younger? \_\_\_\_\_

In what activities have you taken a leading role? \_\_\_\_\_

For what activities do you wish you had more money or time? \_\_\_\_\_

In sports, would you rather be a player or a spectator? \_\_\_\_\_

What do you enjoy more than anything else? \_\_\_\_\_

What habits do you have that might hinder your greater success? \_\_\_\_\_

What sort of person do you like best? \_\_\_\_\_

What kind of person do you dislike? \_\_\_\_\_

Do you have many acquaintances? \_\_\_\_\_

How many close friends? \_\_\_\_\_

Do you have feelings of failure, if so, about what? \_\_\_\_\_

In what ways, if any, do you lack confidence in yourself? \_\_\_\_\_

List four or five of your prominent character traits:

**Strengths**

**Weaknesses**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

5. \_\_\_\_\_

**F. YOUR EDUCATION:**

List schools and colleges attended. (*Name the most recent first.*)

Name	Dates	Grade Completed/Degree

How well did you like school? \_\_\_\_\_ If starting over, would you choose the same line of study? \_\_\_\_\_

What magazines do you subscribe to? \_\_\_\_\_

If your education has been (or may be) cut off before completion, why? \_\_\_\_\_

\_\_\_\_\_

What further education do you plan? \_\_\_\_\_

List studies that you like very much: \_\_\_\_\_

List those you dislike: \_\_\_\_\_

Has school been:                      EASY                      FAIRLY EASY                      DIFFICULT                      VERY DIFFICULT

What training or courses taken do you consider most valuable to you? \_\_\_\_\_

In what fields of learning are you best informed? \_\_\_\_\_

In what extracurricular activities have you been active? \_\_\_\_\_

What achievements in school gave (or give) you great satisfaction? \_\_\_\_\_

\_\_\_\_\_

If you had the time, what books would you like to read? \_\_\_\_\_

Of books you have read, did any make a great impression on you? If so, which? \_\_\_\_\_

\_\_\_\_\_

What traveling have you done, and what about it greatly impressed you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. YOUR STORY:**

In the space below, write anything you wish to tell about your life that you think is important. Especially describe the events that gave you great joy or great disappointment.

## **CLIENT PERSONAL AND HEALTH INFORMATION**

Good Healer Christian Counseling (GHCC) has the responsibility to protect the privacy of your personal and health information, as described in the notice. Personal and health information includes medical or psychological information and individually identifiable information, such as your name, address, phone, or Social Security number. GHCC is required by applicable federal and state laws to maintain the privacy of your personal and health information or "PHI."

GHCC will protect your privacy by limiting how we may use or disclose your PHI, limiting who may see your PHI; inform you of our legal duties with respect to your PHI, and explain and strictly adhere to our privacy policies. These policies are in effect since April 14, 2003 and will remain in effect until undated and until you receive notice of any changes. GHCC reserves the right to change these policies and terms of this notice as allowed by state and federal laws, rules or regulations.

### **USES AND DISCLOSURE OF PHI:**

In the event GHCC would choose to take insurance payment, GHCC may disclose your PHI to insurance carriers in order to receive payment for claims for services provided to you by GHCC.

GHCC may use your PHI to conduct quality improvement, including outcome studies and development of clinical guidelines, care coordination, case management, or utilization management activities. GHCC may also use your PHI to review the competence of our clinical staff, provide clinical supervision of clinical staff, or for business purposes such as customer service, resolution of your complaints, due diligence in connection with sale or transfer of assets to a potential successor in interest.

GHCC may use your PHI to contact you with information about services provided, appointment reminders, or for collection of co-pays on your account balance (if any).

GHCC may use your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. We may disclose the information to the proper authorities, if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes, or if you admit to the abuse of a child or dependent elderly person.

GHCC must disclose your PHI when we are required to do so by the U.S. Department of Health and Human Services upon request for the purposes of determining whether we are in compliance with privacy laws.

We may disclose your PHI in response to court order or subpoena, although every effort will be made to obtain your consent for the release of any personal or health information, as required by confidentiality regulations set by the Texas State Board of Examiners of Psychologist (TSBEP) or other applicable state licensure boards.

We may disclose your PHI to law enforcement officials or personnel of a correctional institution if you are in lawful custody while receiving treatment.

**YOUR RIGHTS:**

You have the right to review or obtain copies of your PHI, subject to the limitations of the TSBEPC. Your request must be in writing and you may be charged a fee for copying of the record.

You have the right to request and receive a list of instances in which we, or our subcontractors, disclosed your PHI for the purposes other than treatment, claims, processing, and organizational operations.

You have the right to request that we place additional restrictions on our use of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by the agreement.

You have the right to request that an amendment to your PHI. The request must be in writing and include the information to be amended.

You have the right to request that we communicate with you in confidence about your PHI by alternative means, such as sending reminders for appointments by mail instead of telephone calls. You must specify how we can contact you in writing.

You have the right to receive a copy of this notice.

**WRITTEN AUTHORIZATION TO USE OR DISCLOSE YOUR PHI:**

GHCC will request written authorization from you to use your PHI or to disclose it to anyone for any purpose or situation not included in this document. You may revoke this authorization in writing at any time. Your revocations will not affect any use or disclosure permitted by your authorization while it was in effect.

I acknowledge that I have been provided and reviewed the GHCC's policy regarding *Personal and Health Information*.

\_\_\_\_\_  
Client's Signature (or Legal Guardian)

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

\_\_\_\_\_  
Date

# HIPPA Notice of Privacy Practices

## Good Healer Christian Counseling

**I. 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.**

**II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law, I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of you PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

**III. HOW I WILL USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

I may use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment-** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.  
*Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.*
- 2. For Health Care Operations-** I may disclose your PHI to facilitate the efficient and correct operation of my practice.  
*Examples: Quality control – I might use your PHI in the evaluation of the quality of health care services that you have received, or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.*
- 3. To Obtain Payment for Treatment-** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you.  
*Examples: I might send your PHI to your insurance company of health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as; billing companies, claims processing companies, and others that process health care claims for my office.*
- 4. Other Disclosures-**  
*Examples: Your consent is not required if you need emergency treatment provided that, I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to*

*communicate (if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.*

## **B. Certain Other Uses and Disclosures Do Not Require Your Consent.**

I may use and/or disclose your PHI without your consent or authorization for the following reasons:

**When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.**

*Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.*

- 1. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 3. If disclosure is compelled by the patient or the patient's representative pursuant to Texas Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.**
- 4. To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public
- 5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**
- 6. If disclosure is mandated by the Texas Child Abuse and Neglect Reporting law.** *Example: if I have a reasonable suspicion of child abuse or neglect.*
- 7. If disclosure is mandated by the Texas Elder/Dependent Adult Abuse Reporting law.**  
*Example: if I have a reasonable suspicion of elder abuse or dependent adult abuse.*
- 8. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 9. For public health activities.**  
*Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.*
- 10. For health oversight activities.**  
*Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.*
- 11. For specific government functions.**  
*Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.*
- 12. For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.
- 13. For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.
- 14. Appointment reminders and health related benefits or services.** *Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.*
- 15. If an arbitrator or arbitration panel compels disclosure.** When arbitrations is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- 16. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.**
- 17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.**  
*Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.*
- 18. If disclosure is otherwise specifically required by law.**

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

- 1. Disclosures to family, friends, or others:** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization of your PHI by me.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

**A. The right to see and get copies of your PHI:**

In general, you have the right to see or get copies of your PHI that is in my possession; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you on how to get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request. If I do, I will give you the reasons for denial in writing. I will also explain your right to have my denial reviewed.

If you ask for copies of your PHI, I will charge you a maximum of \$5.00 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it and the cost in advance.

**B. The right to request limits on uses and disclosures of your PHI:**

You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The right to choose how I send your PHI to you:**

It is your right to ask that your PHI be sent to you at an alternate address (*i.e. sending information to your work address rather than your home address*) or by an alternate method (*i.e. via email instead of a postal mail service*). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

**D. The right to get a list of the disclosures I have made:**

You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented: *i.e.* those for treatment, payment, or health care operations sent directly to you or to your family. The list will not include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years (the first six-year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including

their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**E. The right to amend your PHI:**

If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

**F. The right to get this Notice by email:**

You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

**V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about my privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Jason Bien, MAMFC, MACE, LPC-S; 2003 Ricketty Lane, Suite B, Tyler, TX 75703; 903-920-9004; jasonbienlpc@aol.com; or [www.jasonbien.com](http://www.jasonbien.com).

**VII. EFFECTIVE DATE OF THIS NOTICE**

This Notice went into effect on April 14, 2003.

# *Texas State Board of Examiners of Professional Counselors*

## **What to Expect From Your Licensed Professional Counselor**

**Texas State Board of Examiners of  
Professional Counselors – Mail Code 1982 P.O.  
Box 149347  
Austin, Texas 78714-9347  
Phone: (512) 834-6658  
Fax: (512)834-6677  
Email: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us)  
[www.dshs.state.tx.us/counselor/default.shtm](http://www.dshs.state.tx.us/counselor/default.shtm)**

Licensed Professional Counselors (LPCs) are regulated by the Texas State Board of Examiners of Professional Counselors, (the board) a state board whose members are appointed by the Texas Governor to carry out the general oversight of professional counselors in Texas. LPCs provide counseling services in accordance with state law and the board's rules. This includes following the code of ethics that the board has established for the counseling profession. This brochure is intended to inform you of the ethical conduct that you may expect from your professional counselor. Your counseling is for you. Everything about the process should focus on enhancing your personal growth and your ability to cope with life's problems. You should expect to be treated with dignity in a professional manner. When you invest yourself in the counseling process, you can experience the satisfaction of working successfully at some of the most important issues in your life. The guidelines established by the Texas State Board of Examiners of Professional Counselors (the board) are aimed at promoting a positive counseling experience.

### ***Valid License***

You may visit the board's web page to view a roster of counselors to determine if a counselor is currently licensed. The web page also contains information about disciplinary actions taken against counselors. The roster is updated at least every two weeks; however, if a person's name does not appear on the roster, you should call the board office. Since licenses must be renewed bi-annually, and every month a certain number of licenses expire, it is possible that your counselor's name may not appear on a roster that is posted while your counselor is in the process of license renewal.

### ***Truthful Advertising***

An LPC is required to be truthful when advertising counseling services to the public. You should receive accurate information regarding your counselor's training and credentials, as well as the scope of what may be accomplished in counseling.

### ***Practicing within the Scope of the Counseling Profession***

Your LPC has been trained to provide counseling services. This means assisting you through a therapeutic relationship, using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to achieve your mental, emotional, physical, social, educational, spiritual, or career-related development and adjustment. An LPC may prevent, assess, evaluate, and treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. An LPC may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral. You may have occasion to ask questions that require legal, medical, or other specialized knowledge. If so, you should seek advice from your attorney or primary care physician or ask your counselor for a referral to a specialist in your area of concern.

### ***Information at Initial Session***

At or before your first counseling session, you and your counselor should discuss general information relating to your counseling relationship, such as:

- fees for counseling and scheduling, cancellation, and payment policies
- goals that will guide the counseling process and methods or techniques that will be used during counseling
- any restrictions under which your LPC may be practicing (for example, whether or not the LPC is under the supervision of another mental health professional)

- confidentiality aspects of counseling and the circumstances under which something you say would not remain confidential
- other persons that may be included in the counseling process (for example, a team approach in the counseling office or the involvement of a local minister)

### ***Accurate Record Keeping and Billing***

Your LPC is required to keep records of your counseling sessions for a period of five years after the date of your last session.



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 Revised 3/09

These records include dates of treatment, case notes, correspondence, progress reports, and billing information. Billing to you or your insurance company must be only for services rendered according to your agreement with your counselor. You cannot be billed for appointments that never existed, although you may be billed for appointments that were not cancelled in accordance with your counselor's cancellation policy.

If you are the parent or guardian of a minor who is in counseling, you are entitled to a written summary and explanation of charges.

### ***Confidentiality***

Everything you discuss with your counselor remains confidential, with only a few exceptions. You must give signed permission before your LPC can share information with anyone about any aspect of your counseling. If you do give permission, you will have an opportunity to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission. Be sure to read carefully any "Release of Information" or "Consent" form that you may be asked to sign. Be sure to ask any questions that you may have. The common situations requiring a release of information include certain inquiries from insurance companies, a new counselor wanting to use records from a previous counselor to provide continuing care, and collaboration with another agency or professional in your treatment. Sometimes, certain situations override your confidentiality. For example, if you are involved in a criminal case, the judge can order your file to be turned over to the court. If you make statements that a child or an elderly or disabled person has been abused or neglected, your counselor is required by law to report that information to the appropriate authorities.

If you make statements that indicate you intend to harm yourself or others, your LPC may report that information to medical or law enforcement. There are other similar situations that your counselor should discuss with you before or during the initial session. Apart from these rare circumstances, however, you can be assured that the only people who will have access to your records or statements are those for whom you have given written consent. This privacy gives you the freedom to speak openly and honestly with your counselor about your thoughts and feelings. Parents have a right to receive progress reports on their child's counseling. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. Young people will not confide in a counselor if they believe that personal information will be revealed to their parents. You have a right to a copy of your own counseling records. This right is guaranteed under state law (Texas Health and Safety Code, Chapter 611.) You may be charged a reasonable fee for a copy of your records. Certain portions of your record may be withheld from you for a period of time for specific reasons as described in the law. You may read the text of this law through a link at the board's web site.

### ***No Sexual Activity***

Counseling, by its very nature, often deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you, free from any kind of exploitation. The board does not tolerate sexual misconduct by professional counselors. An LPC is prohibited from engaging in sexual contact, sexual exploitation, or therapeutic deception with a client or a former client. Such misconduct constitutes grounds for revoking a counselor's license.

### ***Maintaining a Professional Relationship***

Your relationship with your counselor should be strictly professional in nature. For example, an LPC is not allowed to invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to do office work. These examples are called "dual relationships" and are unethical.

If you seek counseling with a personal friend, or someone with whom you already have a business or other type of relationship, the LPC must refer you to another mental health professional. Your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility.

Even after your counseling has been completed, your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility.

***More Information***

Visit the board's web site for more information about licensed professional counselors. From this site, you may view or print the state laws and board rules that govern the provision of counseling services in Texas.

***A Final Word***

Much of the success of your counseling experience depends on you. You are most likely to reap benefits from counseling if you are motivated, honest, and willing to work at self-improvement and self-awareness. If you have a complaint or concern, speak first to your counselor. If you are not able to resolve the problem, you can file a consumer complaint with the board. You may call our toll-free complaint hotline at (800) 942-5540 or contact us in writing or by e-mail at the addresses shown on the front of this brochure.

This brochure is for general informational purposes and does not constitute a legal agreement between any person and The Texas State Board of Examiners of Professional Counselors (the board). All of the information provided is believed to be accurate and reliable; however, the board assumes no responsibility for any errors. This information is not copyrighted; you are welcome to copy and distribute this brochure.

Complaints should be directed by phone to the LPC Board Office 512-834-6658. Complaint Hotline: 1-800-942-5540. Texas Department of Health, Publication Number E75-11652, Date of publication 02/03