

PRACTICE POLICIES, HIPPA AND CONSENT TO TREATMENT

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Thank you for scheduling an appointment. Please read for important information about professional services and information regarding the Health Insurance Portability and Accountability Act (HIPPA), a federal law providing privacy protections and client rights regarding the use and disclosure of your Protected Health information for the purposes of treatment, payment, and health care operations. When you sign this document, it confirms that you understand the documents and represents an agreement between us. These may also be discussed at any time in the future.

HIPPA:

CONFIDENTIALITY:

Your right to confidentiality is very important; in the event that your provider must break confidentiality (see circumstances below), every effort will be made to use care and discretion while meeting legal and ethical obligations. Your identity as a client, and disclosures that you make to your provider, are private and protected. This means your provider will not reveal to others that you are a client, and will not share anything that you say, or share information in your file with anyone else during your treatment. If sharing information with a third party is requested by you or suggested by the provider, to aid the treatment process, you will be asked to sign a Release of Information.

LIMITS OF CONFIDENTIALITY

For those under the age of 18, parents legally have the right to examine your records and to be informed about your treatment. Also, if there is a high risk, or disclosure that you may threaten the safety/life of yourself or someone else, your parents will be notified as well as the appropriate authorities in case of intent to harm other. If there are disclosures of abuse or threat to you or anyone under 18, this must be reported to the Department of Children's Services under the law of Tennessee.

Situations or disclosures in which your provider cannot maintain confidentiality due to the Tennessee State law, as well as Code of Ethics by the state licensure board:

- Indication by you of serious and immediate intent to harm someone else
- Disclosures of abuse of a child, minor, elder adult or disabled person must be reported under Tennessee law. Tennessee professional Licensure also requires the report of domestic abuse.
- If you become involved in a court proceeding, the court may use the power of subpoena to gain access to information you have shared with your provider. Under court order, the provider may be required by law to provide written or verbal testimony to the court.
- If a government agency is requesting information for health oversight activities, your provider may be required to provide it to them.

- If a client files a complaint against the provider, provider may disclose relevant information regarding that client to defend self
- If you seek reimbursement of fees by insurance or managed care company, such company may ask that treatment information be shared as part of their review of services. Once released to any such company, provider can no longer assume responsibility for dissemination of released information.

PRACTICES POLICIES

GOAL OF THERAPY

Psychotherapy is a commitment between you and myself as your therapist, to work together to define goals you set for yourself and/or as a family or couple to improve or enhance some area of life and to develop specific, measurable steps to attain those goals. Guidance toward setting goals looks at strengths as well as areas of improvements within realistic expectations. We will begin formulating your goals at the initial session.

ASSESSMENT AND LENGTH OF THERAPY

The assessment phase of therapy generally lasts one to three sessions and is to gather all pertinent information, to make recommendations and set goals, and to determine if you and I think that you will benefit from working together. If it is assessed that your needs cannot be met in the best way working together, referrals to known professionals and transition will be recommended and aided.

FEE AND BILLING PRACTICES

Payment is due in full each session. 24 hour notice is required to cancel or change your appointment, (emergency/illness are exceptions). Failure to do so will be a full fee charge for the missed session, as ability for someone else to use the appointment same day is unlikely. Your regular fee will be charged based on portion of the hour required for any additional professional services required for quality of our work together, such a phone contacts 15 minutes or longer, preparation of special forms, reports, or consults with other professionals. If ***court time*** is required during our work together, due to the extensive and unpredictable length of time and scheduling involved that affects scheduling of other clients as well, ***the fee is \$500/hour or proportionate of the hour required from leaving the office to return to the office. Any and all travel expenses related to court are also the responsibility of the client at the time incurred.***

CONTACT BETWEEN SESSIONS

You may leave messages on my voicemail (615-712-8899) 24 hours a day and I will return messages as soon as possible during business hours. If I am unable to be available in the midst of a crisis or emergency, these resources should be accessed and are listed on the voicemail as well: Call 911 or the Crisis Center at 615-244-7444, or go directly to the closest emergency room.

Email is NOT a confidential or reliable way to pass lengthy, time limited or sensitive information and therefore **not a means used to discuss information** that we are working on in sessions.

SCHEDULING--OFFICE HOURS –

Office hours are Monday-Thursday, 12:00 –6:30pm. Sessions are 60 minutes except for the initial assessment (75-90 min), or crisis sessions, or on occasion when sessions longer than 60 minutes seem more helpful and are scheduled by the client and this therapist. We will meet weekly initially, unless you and I feel more or less frequently is needed.

All scheduling and changes should be made by phone as a more reliable access for me to receive messages and a quicker response to you.

Any changes needed to your appointment time must be made at least 24 hours in advance to avoid full fee charge for the missed or late cancelled appointment.

Please complete, sign, print and bring to initial session—

CONSENT TO TREATMENT AND CLIENT/GUARANTOR PAYMENT RESPONSIBILITY

I HAVE READ THE PRACTICE POLICIES AND HIPPA.

I UNDERSTAND THEM AND AGREE TO THEM.

I AGREE TO BE TREATED BY Rebekah Walker LCSW, or give consent for my child/(children) to be treated.

Name(s)

I agree that I am responsible for all charges for services rendered as listed in policies.

I authorize Rebekah Walker LCSW to release to my insurance company any and all information that may be required concerning client care if I request a reimbursement receipt.

Client (print)

Signature

date

If Client is a minor:

Parent/Legal Guarding print

Signature

date

TERMINATION OF TREATMENT

CLIENTS ARE NOT OBLIGAATED TO CONTINUE TREATMENT. If you decide to terminate at any time, you are encouraged to discuss your decision with me. I will make recommendations for referral as appropriate. Likewise, the provider may deem it necessary to terminate treatment; if so, the client will be notified and referrals offered.