



COUNSELING POLICIES

PATIENT FULL NAME _____ DATE OF BIRTH ___/___/___ MARITAL STATUS ___ SINGLE ___ MARRIED ___ OTHER
 GENDER ___ MALE ___ FEMALE EMPLOYMENT: ___ EMPLOYED ___ FULL TIME STUDENT ___ PART TIME STUDENT ___ OTHER
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ LEAVE MSG? ___ NO ___ YES CELL PHONE: _____ LEAVE MSG? ___ NO ___ YES
 EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

BILLING INFORMATION

BILLING FULL NAME: _____ RELATION TO CLIENT: ___ SELF ___ LEGAL GUARDIAN ___ OTHER
 BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 BILLING PHONE: _____ LEAVE MSG? ___ NO ___ YES EMAIL STATEMENTS?: ___ NO ___ YES _____

REQUIRED SIGNATURES

I clearly understand that I am ultimately responsible for payment to Crystal Counseling, PLLC for any and all services rendered due at the time of the visit or upon receiving explanation of benefit information from my insurance company, whichever comes first. I also understand that if I suspend or terminate my care and treatment, any outstanding balance will be immediately due and payable. I understand that if I should default on any payment obligations as called for in this agreement, Crystal Counseling, PLLC will have the right to forward my information to collections, and in the event it becomes necessary to utilize a collection agency to resolve a past due account, up to an additional 30% will be assessed to my account to cover the costs of this action. Crystal Counseling, PLLC will not be obligated to provide continuing services to any client who includes Crystal Counseling, PLLC as a creditor in any bankruptcy filing. My signature below indicates that I fully understand and agree to these terms.

Required for services

BILLING SIGNATURE (LEGAL GUARDIAN) _____ Date: _____

INFORMED CONSENT: My signature below indicates that I am consenting to treatment at Crystal Counseling, PLLC and have received and understand the contents of the Counseling Policies, including the Notice of Privacy Practices (HIPPA). If I have questions, the information has been explained and/or summarized for me.

Required for services

SIGNATURE (LEGAL GUARDIAN) _____ Date: _____



PRIVATE PAY RATES AMOUNT \$ 90.00 INTAKE \$90.00 FOLLOW-UP

PRIMARY INSURANCE SECONDARY INSURANCE
 PRIMARY INSURED NAME _____ PRIMARY INSURED NAME _____
 INSURANCE COMPANY _____ INSURANCE COMPANY _____
 POLICY NUMBER _____ POLICY NUMBER _____

CARD NUMBER: _____ EXP DATE: ___/___/___ CVV CODE: _____

I hereby give consent below to charge my credit card for any outstanding balance for sessions or associated fees. This consent will remain effective throughout the duration of sessions or one year from the date signed, whichever is sooner.

CARD HOLDER NAME: _____ SIGNATURE: _____ DATE: _____



COUNSELING POLICIES

**Crystal Counseling, PLLC is a private practice counseling office.
We are dedicated to providing quality mental health and emotional care for our community.**

What is therapy and how does it work?

Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital or couple relationship, and/or family relationships.

The therapeutic process is unique for each person. The uniqueness is comprised of your life experiences, your current experienced difficulties, your strengths, and your life goals. The therapeutic plan is developed focusing on you as a unique individual.

The process of change begins by clearly identifying the experienced problem, developing your personal goal for therapy, then discussing thoughts, feelings, and emotions in order to better understand the problem and begin developing new strategies to be able to have a healthier view of yourself, others, and life.

As a client, you have the right to ask your therapist questions about his or her qualifications, background, and therapeutic orientation. The most important factor for therapy to be beneficial is open communication between you and your therapist.

In some instances talking about your difficulties, experiences, and emotions may exacerbate your symptoms. However, over time you should see improvement and the exacerbated symptoms are replaced by a decrease in symptoms.

If at any time during your therapeutic process you have questions about whether the treatment is effective, questions about the process, or need clarification about statements or skill training, please do not hesitate to ask your therapist.

INTAKE APPOINTMENT

Please bring the following items to your intake appointment:

- ✓ Completed Personal History form
- ✓ Completed and Signed Counseling Policies form
- ✓ Photo ID (of legal guardian if client is a minor)
- ✓ Form of payment (cash, check, or credit / debit card)

If you are unable to complete the listed documents prior to coming to the intake session, please arrive at least 20 minutes early in order to complete the documents prior to the start of the session.

CONFIDENTIALITY POLICY

The staff and therapists at Crystal Counseling, PLLC have an obligation to respect your right to confidentiality regarding the information you share within this therapeutic setting. Confidentiality of client information is governed by law (Health Information Portability and Accountability Act, HIPAA) and by state law.

The state of Texas laws impose some limitations to your rights to confidentiality. The following is a list of situations in which you may lose your right to confidentiality.

- ✓ We are obligated to report maltreatment of minors or vulnerable adults, including physical abuse, sexual abuse, or neglect.
- ✓ We are obligated to report any prenatal exposure to controlled substances.
- ✓ We are obligated to report any serious harm you intend to inflict on yourself or another person.
- ✓ We are obligated to share information if directed by Court Order to conform to state or federal law, rules, and regulations.
- ✓ We are obligated to share information with licensing boards, which is pertinent to a disciplinary proceeding of a provider.

If you are a minor, you have a limited right to privacy in that your parents may have access to your records. However, if the therapist believes sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Group Therapy: The right to confidentiality is addressed in the group setting. Crystal Counseling, PLLC and group therapists are not responsible for any breaches of confidentiality by group members.



AFTER-HOURS EMERGENCIES

For after-hours emergencies, or if you need immediate assistance, **call 911**, or visit your local emergency room, medical group, or primary care physician.

Therapists at Crystal Counseling, PLLC are not available after posted business hours. You may leave a message for your therapist after-hours by calling **210-998-5591**. Your therapist will return your call as soon as possible the following business day.

LOCAL CRISIS NUMBERS

Center for Health Care Services – 210-225-5481
Child and Adolescent Crisis Center – 210-299-8139
National Suicide Prevention Lifeline – 1-800-273-8255

TELEPHONE CONSULTATION

Time spent with you on the telephone by your mental health professional, other than for appointment information, may be charged at a prorated hourly rate.

APPOINTMENTS

We realize that on occasion you will not be able to make a scheduled appointment. You can call our office and leave a voicemail if your therapist is not available at least 24 hours in advance.

Your appointment time has been reserved for you. For cancelations with less than 24 hour advance notice, our policy is to charge \$25.00 after your 1st missed or cancellation. Any missed appointment or cancellation with less than a 24 hr notice is subject to a \$25.00 charge to your on file credit card.

Successful therapy requires a commitment from both the client and the therapist. It is important to keep your appointments if at all possible.

PAYMENT POLICY

Payment is collected at the time of each session. Payment can be made in the form of cash, check, or credit/debit card.

If you need to mail payment, remit to: Crystal Counseling, PLLC
116 Gallery Circle #201
San Antonio TX 78258

There will be a **\$40 fee** for returned checks. After the first returned check, payment will only be accepted in the form of cash, credit/debit card, or money order.

CONFIDENTIALITY AND RELEASE OF RECORDS

All information regarding clients is considered strictly confidential and will not be given out to anyone without your written consent. In the event of request for transfer of records, the records will be forwarded upon completion of a consent form.

COURT AND LEGAL PROCEEDINGS

Crystal Counseling, PLLC therapists do not perform court evaluations. Therapists do not appear in court on behalf of individuals, children or adults. Crystal Counseling, PLLC therapists are not trained for services intended for the purpose of court involvement.

Should we be called to court by a judge court order, or our records subpoenaed, we will charge the full amount applicable under law for our services. Copies of records are available for a \$15.00 processing fee, plus \$1.20 per page for copying.

In the event that it is necessary, by court order or subpoena, for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, or present records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, (including, but not limited to: travel, necessary expenditures, time spent speaking with attorneys, reviewing records, and preparation of reports) at a rate of \$250.00 per hour, rounded to the nearest half hour.

The client further agrees to pay a retainer fee of \$2000.00 **two weeks prior** to the appearance, presentation of records, or testimony requested. Checks will not be considered an acceptable form of payment for these services.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to: divorce, custody disputes, injuries, and lawsuits), neither you, the client, nor your attorney, nor anyone else acting



on your behalf will call on your therapist at Crystal Counseling, PLLC to testify in court or any other proceedings, not will a disclosure of psychotherapy records be requested. My informed consent signature shows that his litigation limitation is clearly understood and agreed to.

CLIENT BILL OF RIGHTS

Crystal Counseling, PLLC does not discriminate on the basis of religion, race, gender, marital status, age, sexual orientation, national origin, previous incarceration, disability, or public assistance status.

Every client:

- shall be informed prior to, or at the time of, the intake appointment of services available at Crystal Counseling, PLLC and of any financial charges that are the client's responsibility to pay.
- can expect complete and current information regarding his or her diagnosis and individual treatment plan in terms he or she can understand.
- shall have the right to know by name, and the competencies of, the licensed mental health professional responsible for coordination of his or her treatment.
- shall have the freedom to place grievances and recommend changes in policies and services to Crystal Counseling, PLLC therapists and staff free from restraint, interference, coercion, discrimination, or reprisal.

In addition to the rights listed above, individuals receiving services from practitioners in the state of Texas have the right to: (a) expect the practitioner has met the minimal qualifications of training and has the experience required by the state law; (b) examine public records which contain the credentials of the practitioner; (c) obtain a copy of the rules of conduct.

Every client:

- has the right to be informed of and to refuse to participate in any experimental research.
- may expect courteous treatment and to be free from verbal, physical, or sexual abuse by Crystal Counseling, PLLC staff.
- has the right to a coordinated transfer of care when there will be a change of providers.
- may assert the clients' right(s) without retaliation
- has the right to choose freely among available mental health professionals and practitioners in the community and to change providers after mental health services have begun within contractual limitations of the client's health insurance (if any).

COMMENTS, QUESTIONS, CONCERNS

We value your opinion and strive to provide the best service possible. If you would like to share your comments, questions, or concerns, please contact our Clinical Director, Larry Mack at 210-802-4695 or email L.Mack@CrystalCounseling.com.

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your health information may be used and disclosed and how you can access this information. The Health Insurance Portability and Accountability Act (HIPAA) requires us to inform you of our policy. This law requires we maintain your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal health care operations. For example, one of our staff will enter your information into the computer. We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send you a newsletter, or other information. We may call you to remind you of appointments. If we reach your voicemail, we may leave a message. In an emergency, we may disclose your health information to a family member or other person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the responsibility of the new owner. Except as describe above, the practice will not use, or disclose, your personal information without your written consent and authorization.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Human Services, 200 Independence Avenue, S.W. Room 509F, Washington D.C. 20201. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Clinical Director, Larry Mack at L.Mack@CrystalCounseling.com or 210-998-5591.