**Thrive Trauma, Inc.**

**OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

**CONFIDENTIALITY**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure are described in the Notice of Privacy Practices form.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

**Health Insurance & Confidentiality of Records**: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Thrive Trauma, Inc., only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier.

**Confidentiality of E-mail, Cell Phone and Faxes Communication:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Appointment reminders are sent through email and text messaging. Please notify Thrive Trauma, Inc. at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.

**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 and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on Thrive Trauma, Inc. to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Thrive Trauma, Inc. may consult with other professionals regarding clients; however, the client’s name or other identifying information is never mentioned. The client’s identity remains completely anonymous, and confidentiality is fully maintained. Thrive Trauma, Inc. will release information to any agency/person you specify unless it is concluded that releasing such information might be harmful in any way.

**PAYMENTS & INSURANCE REIMBURSEMENT**

Clients are expected to pay the standard fee ($140) at the end of each session unless other arrangements have been made. Please notify Thrive Trauma, Inc. if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Thrive Trauma Inc. will attempt file insurance claims for some providers. If insurance is accepted, you are responsible for all co-pays and deductibles. Thrive Trauma Inc. will, to the best of its ability, attempt to verify benefits in advance but this does not guarantee payment by your provider. If Thrive Trauma Inc. does not file claims for your provider you will provided with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose.

**Recording of audio and video**

To protect the privacy and confidentially of our clients, Thrive Trauma, Inc. does not record, or allow the recording of, audio on the premises. For the safety and security of our clients and staff, we do use the recording of video in our facility, but we do not record clients during sessions.

**THE PROCESS OF THERAPY/EVALUATION**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Thrive Trauma, Inc. will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Thrive Trauma, Inc. may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Thrive Trauma, Inc. is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you.

**Discussion of Treatment Plan**

Within a reasonable period of time after the initiation of treatment, Thrive Trauma, Inc. will discuss with you a working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Thrive Trauma, Inc.’s expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Thrive Trauma, Inc. does not provide, there is an ethical obligation to assist you in obtaining those treatments.

**TELEPHONE & EMERGENCY PROCEDURES**

If an issue arises between sessions, you may call your therapist on their direct number and leave a message if necessary; calls are returned as promptly as possible. If you need to talk to someone right away, you can call the 24-hour crisis line (205) 323-7777, Emergency Services (911), or go to your local hospital emergency room.

**CANCELLATION**

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (one days) notice is required for rescheduling or canceling an appointment. Unless a different agreement is reached, there will be a $25 charge for the first occurrence and the full fee will be charged for subsequent sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**SESSION LENGTH**

Sessions are 50 minutes unless otherwise stated or arranged.

**SERVICE AGREEMENT**

I have read the above Office Policies and General Information carefully; I understand them and agree to comply with them.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Thrive Trauma, Inc.**

**Notice of Privacy Practices**

**LIMITS OF CONFIDENTIALITY**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions are as follows:

**Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

**Insurance Providers (when applicable)**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE/LIFETIME SIGNATURE**

**ON FILE/PAYMENT AUTHORIZATION**

I authorize payment for all insurance benefits for services rendered to Thrive Trauma, Inc. I authorize Thrive Trauma, Inc. to release any information necessary to determine the benefits payable for related services to the appropriate insurance agencies. This form will serve as a lifetime signature form. I have read and understand the terms of this document. I have had an opportunity to ask questions about the use or disclosure of my health information and about the contents of this form. I acknowledge, consent and agree to the terms and conditions of this document.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thrive Trauma, Inc.**

**Notice of Privacy Practices**

(Client Copy)

**LIMITS OF CONFIDENTIALITY**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions are as follows:

**Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

**Insurance Providers (when applicable)**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.