ACRS New Client Online Billing Form

This document must be presented at the time of your appointment or at least 24 hours before by emailing it to [Lexx@advanced-counseling.com](mailto:Lexx@advanced-counseling.com), or faxing it to (717) 394-0124.

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary: Yes or No

Member ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible:\_\_\_\_\_\_\_\_\_\_\_\_\_

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Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the subscriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patients Social Security Number: \_\_\_\_\_ -\_\_\_\_-\_\_\_\_\_\_

Department of Defense # (Benefits #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Subscriber's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Subscriber's DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribers Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

Department of Defense #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefits #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*We ask this so that we can provide our clients with a welcoming experience. If sharing your pronouns would assist in that, please feel free to do so. Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACRS Requires all clients to maintain a credit card/ Bank card on file for co-pays, co-insurance, deductibles, and missed or late cancelations.

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

| **Credit Card Information** | |
| --- | --- |
| *Card Type:* MasterCard | Visa | Discover | AMEX | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Cardholder Name*  *(as shown on card):* |  |
| *Card Number:* |  |
| *Expiration Date (mm/yy):* |  |
| *CVC:* |  |
| *Cardholder ZIP Code (from credit card or billing address):* |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Advanced Counseling & Research Services (ACRS) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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

Customer Signature

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

Date

**Advanced Counseling and Research Services Client Orientation**

This document provides general information regarding the counseling services you are about to receive.

***Please read this document carefully and ask any question you might have to your therapist.***

**Purpose of Counseling**

Advanced Counseling and Research Services provides a comprehensive array of professional counseling services to the greater Lancaster community. In general terms, these clinical services help clients address problematic issues in their lives that are impacting on their daily lives. Throughout the counseling experience, the counselor and client work collaboratively to address problems presented by the client. The overall purpose of counseling can be summarized in the following objectives:

1. To identify the problematic issues facing each individual client seeking counseling.
2. To identify secondary issues contributing to problem situations facing clients
3. To develop a systematic intervention approach to address these problem situations based on the unique characteristics and capabilities of each client.
4. To implement a comprehensive intervention plan to reduce or eliminate the impact the problematic situation is having on the client
5. To introduce problem solving and decision-making strategies as preventive tools for future problems.

**Goals of Counseling**

1. To promote the establishment and maintenance of a mentally healthy community
2. To provide professional counseling services based on the unique characteristics and capacities of each individual client
3. To implement systematic intervention strategies that promote mentally healthy functioning
4. To provide clinical services that enhance the decision making and problem-solving skills of each client

**Clinical Services**

These counseling services are intended for individuals who voluntarily seek therapy. This private counseling practice serves the adult population and selected adolescents. The services provided include individual and small group therapy. This is a general counseling practice for individuals experiencing problems related to relationships, substance abuse, and non - medical mental health and who are willing to actively participate in therapy. During the first few sessions, a comprehensive assessment will be conducted. Information will be collected using tests, surveys, and interviews. Information regarding other treatment experiences will be requested. For individuals with concurrent medical conditions, information from a physician may also be requested.

Throughout the counseling experience, individuals will be asked to complete tests and surveys as part of their therapy. Data collected at various intervals during the treatment experience provide insight into problem areas and helps to ensure the effectiveness of the therapy. Some of this data will also be included in ongoing outcomes research activities. For this purpose, recording of sessions via video or audio may be used throughout treatment.

The frequency of counseling sessions will vary based on individual client needs. Initially, weekly sessions will be scheduled. Gradually the time between sessions will lengthen as client’s approach discharge. Formal discharge occurs when sufficient evidence exists to suggest that the client’s life situation has been changed to the extent that counseling is no longer necessary or that the client has progressed to a point where additional services, although warranted, may not be effective. All client-counselor interactions are confidential. This confidentiality can only be breeched in cases where the client indicates intent to do harm to themselves or others, in situations involving the abuse of children, the elderly, or the disabled, and in situations that include a properly executed court order. Information may also be released to a client’s insurance company to secure benefits. Communication remains the privilege of the client in counseling situations involving a counselor and a client. Privilege does not extend to situations when others are present. Efforts to maintain confidentiality extend to modes of communication including telephone, mail, texting, recording, and email. The acronym “ACRS” will be used for any communications by telephone or mail. Clients are cautioned about the use of e-mail and texting since these can be forms of insecure communications. **Staff limits electronic communications with clients to appointment date/time confirmations** except in cases of on-line video counseling. To schedule an appointment, clients are to contact by phone. Clients may email or text requesting phone communication by their clinician-additional fees apply.

**On-Line Video Counseling (Telehealth and Telemedicine)**

Individuals seeking to take advantage of on-line video counseling are required to attend some in-office sessions. Such a schedule contributes to efforts to maintain quality services and determine if other services are necessary. Since on-line services represent a unique approach to the delivery of therapy, some insurance companies might not reimburse these services. In addition to acceptable clinical indicators, clients interested in video counseling must have sufficient computer/video resources and high-speed internet access. Video counseling is provided by qualified professionals. Video counseling through Advanced Counseling and Research Services is only available to Pennsylvania residents who are legally permitted to enter into a counseling relationship without the authorization or approval of others. Transition to video counseling will only occur after individuals have completed the in-office client intake process and are deemed to be suitable for this service delivery system. Occasional office visits will be required over the duration of the counseling experience. Individuals approved for video counseling will be given adequate instructions to guide them to the secure server site and to log onto the system. The counseling sessions will be conducted in the same format as a typical office visit. (ACRS IS PARTICIPATING IN TELEHEALTH DURING THE PANDEMIC COVID19-PLEASE SEEK FURTHER INSTRUCTION FROM STAFF)

**Philosophy**

Individuals generally seek professional counseling services to deal with normal life situations that have become problematic. In some cases, individuals struggle with problems over a long period of time before seeking assistance. In most cases, individuals seek counseling when normal coping mechanisms are no longer effective in dealing with problem situations.

The following philosophical tenets form the foundation of therapy:

1. Individuals have the innate capacity to change their behavior
2. Problematic behavior is situation specific and can be defined as the integration of the cognitive, affective, and physical behavior domains
3. Individuals function as part of systems. Change by one element may force change throughout the system
4. People are responsible for their own behavior

**Counseling Approach**

This counseling service is centered on the application of the TFA Model, a counseling strategy that stresses the development of interventions based on the integration of the cognitive, affective, and behavioral domains relative to a specific problematic situation Such an approach to therapy provides wide latitude in the application of counseling theories based on client dynamics presented during and between counseling sessions. Tied to this constructivist approach is an ongoing assessment component that continually measures key psychological variables that influence the change process.

**Research Component**

Selected psychological assessment instruments are introduced at various times during the counseling experience. These instruments have been carefully selected to reflect traits and characteristics that contribute to client problems. The multiple uses of these instruments provide a quantitative foundation on which to base therapy and measure treatment effectiveness. Any published research studies include grouped data that is sufficiently sanitized to protect the identification of individual clients.

**Research and Publication**

This counseling service maintains an active research and publication agenda. The nature of the research is generally focused on the application of site-based research efforts on the delivery of behavioral healthcare services. All clients are invited to voluntarily participate as research subjects in this research.

**Counseling Modality and Testing**

This counseling service is research-based and involves the administration of various assessment instruments throughout the course of therapy. The purpose for testing is to monitor progress and adapt services to meet the changing needs of clients as they continue through therapy. All results from all tests from all clients are systematically analyzed annually to evaluate counseling effectiveness.

Various counseling approaches may be employed throughout the therapy in an attempt to maximize the treatment experience. The predominant theoretical approaches include

Cognitive Behavioral Therapy (CBT) TF-CBT Trauma Informed

TFA (Thinking, Feeling, Acting) Psychoanalytic

Intergenerational Theory (Bowen) Psychodynamic

Person-Centered Therapy Solution Focused Therapy

Gestalt Therapy Rational Emotive Behavioral

Transactional Analysis Reality Therapy

Prolonged Exposure Therapy Guided Imagery/Light Induction hypnosis

Bi-Lateral Stimulation Emotional Freedom Techniques

EMDR Narrative Exposure Therapy

Exposure and Response Therapy Interoceptive Exposure Therapy

**Counseling and Financial Records**

Complete client records will be maintained for a period of seven (7) years after discharge. These records will include all intake and assessment information, treatment plans and updates, clinical notes, copies of correspondence, discharge summary, financial records, and other information that might be considered to be pertinent to particular cases. *ALL records will be destroyed by shredding*. This office does not supply or consider Psychotherapy notes as part of the medical chart.

# Ethical Guidelines

American Counseling Association Code of Ethics and Standards of Practice (2014)

Code of Ethics of the National Board of Certified Counselors (2014)

**Qualifications/Experience/Credentials of Clinical Staff**

Cheryl Wilson-Smith is a Certified Traumatologist, Licensed Professional Counselor, Certified Clinical Mental Health Counselor, and National Certified Counselor. Ms. Wilson-Smith has over 15 years of general mental health clinical experience and over 7+ years psycho-trauma. She became a trained trauma informed therapist adding “Prolonged Exposure” Treatment to her scope of practice and in 2013 Ms. Wilson-Smith also obtained the necessary credentials by her peers as a Certified Traumatologist. In addition to her clinical interests in these areas, Ms. Wilson-Smith also is an adjunct professor for two local universities where she teaches psychology, behavioral health, and trauma and crisis, in the undergraduate and graduate level.

**Credentialing Information and Boards**

**Cheryl Wilson-Smith, Doctoral Candidate, M.A., LPC, NCC, CCMHC, CT, CCTP**

Licensed Professional Counselor (#PC006514)

State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors

PO Box 2649, Harrisburg, PA 17105-2649

Telephone Number: 717-783-1389

National Certified Counselor (#265100)

Certified Clinical Mental Health Counselor

National Board of Certified Counselors

3 Terrace Way, Greensboro, NC 27403-3660

Telephone Number: 336-547-0607

Department of Defense- Military and Federal Health Net

Tricare Certified Mental Health Counselor (#1972852481)

NORTH (Northeast Region)-East Region Department of Defense

Telephone Number: 1-877-874-2273 (1-877-tricare)

Certified Traumatologist/Certified Field Traumatologist

Green Cross Academy of Traumatology (#01504270909)

Regent University/Divine Mercy University

1000 Regent University Dr. CRB 174

Virginia Beach, VA. 23464

Telephone Number: 757-352-4228

Certified Clinical Trauma Professional

PESI

P.O. Box 1000,

Eau Claire, WI 54702-1000

**Shelby Brightbill, M.A., LPC, CAADC**

Licensed Professional Counselor

State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors

PO Box 2649, Harrisburg, PA 17105-2649

Telephone Number: 717-783-1389

Certified Advanced Alcohol- Drug Counselor

PA Certification Board  
298 S. Progress Avenue  
Harrisburg, PA 17109

**Mrs. Evelyn Colon, M.A., PC**

Professional Counselor

Alvernia University

Reading PA. 19611

**Jennifer Wegman, MBA, M.A., PC**

Professional Counselor

Alvernia University

Reading, PA 19611

**Jenna Wolfe, M.A., LPC, CAADC,**

Licensed Professional Counselor

Certified Advanced Alcohol and Drug Counselor

Rosemont College

Rosemont, PA 19010

**John Goldman, MSW., LCSW, CAADC**

Licensed Clinical Social Worker

Certified Advanced Alcohol and Drug Counselor

**Contact information (including on-line)**

Cheryl Wilson-Smith, Doctoral Candidate, M.A., LPC, NCC, CCMHC, CT (717-394-3994)/ ([Cheryl@Advanced-Counseling.com](mailto:Cheryl@Advanced-Counseling.com))

For Business Purposes, the mailing address is

Advanced Counseling and Research Services

313 W. Liberty Street, Suite 224

Lancaster, PA 17603

**Guarantees**

There are no guarantees that can be granted for counseling services.

**Risks Associated with Counseling…**

Many time’s individuals enter therapy with expectations of immediate relief from the problems they are experiencing. As critical problems are brought out into the open through therapy, some individuals experience a heightened level of discomfort. Generally, this is transitory and diminishes as therapy continues.

**Limitations of counseling**

Counseling success may be influenced by factors external to the counselor-client relationship. At times, availability of insurance benefits or other financial constraints may limit the time needed to bring about necessary change. Specific clinical issues may involve others who are not involved in counseling. Success in dealing with such issues may be limited based on this lack of engagement by others. Individuals seeking counseling are often presented with emotionally charged issues. In some cases, the nature of these issues may necessitate an incremental approach to therapy. In such situations, counseling may be limited based on the extent to which a client is able and willing to deal with these sensitive issues.

**Confidentiality and Privilege, HIPAA (Prt.1)**

In general, information shared in a counseling relationship is considered confidential and can only be released with written consent of the client. There are, however, exceptions. Confidentiality can be breached without written consent in the following conditions:

1. If a person is going to do harm to themselves or someone else
2. If there is a properly executed court order requiring information from the client chart.
3. When state or federal laws require information to be released (e.g., child abuse, elder abuse, etc.)
4. In the case of a medical emergency

When a request for release of information is received, efforts are made to contact the client to discuss the request prior to any information being released. If, in the opinion of the counselor, certain information contained in the client’s record is deemed to be potentially harmful to the client if released to a third party, this information will not be released until such time that a thorough analysis of the potential risk to the client can be determined. At no time will any administrator, counselor or staff release the progress notes of a client regardless of signed release. If at the end of the analysis it is deemed that the information requested to be released will cause harm to the client, the information will not be released and a justification for the refusal will be entered into the client’s record and discussed with the client at the next available opportunity. In general, progress notes and Psychotherapy notes relevant to counseling sessions have the potential to include information that could be harmful to the client if released and, therefore, are withheld from disclosure to third parties except in the presence of extenuating circumstances. ACRS reserves the right to employ Graduate level practicum and internship individuals under counselor-in-training. ACRS reserves the right to record via video or audio any or all portions of sessions, for use in trainings. All counselor-in-training, and their supervisors will not disclose information except under specific conditions, as noted above. Entering into counseling, and signing this agreement signifies your agreement to have our internship, and practicum graduates in session from time to time learning from our state licensed professionals.

A copy of confidential information released in written format will be filed in the client record. A summary of confidential information released to others will be noted in the client record with a recap of the information shared.

Clients have the right to privilege for communication shared in an individual counseling session. This privilege is not available in family, group, or couples counseling sessions. For “Release of Healthcare Information (HIPAA)” please refer to document titled “HIPAA Notice of Privacy Practices”.

## Fees/ Cancellation Policy

This counseling practice operates on a fee-for-service basis. The cost of professional services is evaluated annually and posted no later than January 1.

**Fee Structure for 2022**

Psychiatric Evaluation without medication (Biopsychosocial assessment) / **90791**: $225

Psychotherapy 53-60 minutes/ **90837**: $190

Psychotherapy 45 minutes/ **90834**: $150

Psychotherapy 30 minutes/ **90832**: $130

Psychotherapy Family session with/out client/ **90847/90846**: $200

Group session (Closed group format – minimum of 6 participants): $50

Educational Support Services: $30 (open group format)

Documentation to any officer of the court: $200

Testimony: $350 per hour

Disability Documentation/Evaluation: $200

Concierge Counseling: Price per contract requirements

Licensed Professional Counselors and Professional Counselors are billed at separate rates. Professional Counselors are billed as follows:

**90791**: $95.00

**90834**/**90837**/**90847**: $80.00

* The majority of sessions are billed to insurances at the 90837 Therapeutic hour, which approximates to 53 minutes face to face time with the therapist.

Efforts are made to help clients access their health insurance benefits for reimbursement for out – of – pocket expenses. Insurance reimbursement for clinical services offered by Licensed Professional Counselors varies from state to state and from carrier to carrier. Payment for services is required when those services are rendered unless alternate provisions have been made in advance. Payment for services by credit/debit card is available. These services appear as “ACRS” on your statement. A 3.5% convenience fee is assessed at the time of services. ***Scheduled sessions must be cancelled by telephone at least 24 hours in advance or a $150.00 session fee will be assessed. This does not apply to situations deemed to be emergency in nature.***Clinical services can be terminated as a result of nonpayment of fees under certain conditions (ACA Code of Ethics, 2005. A.10.d). For individuals with insurance coverage, all co-payments must be paid when services are rendered. A $25 fee will be charged for each returned check along with any prior balance owed.

**Client Discharge**

Clients are discharged from therapy under three (3) specific categories

1. *Completed treatment* – client has completed therapy and no further services are necessary
2. *Therapeutic discharge* – progress in treatment is insufficient to warrant continued services yet conditions still exist that remain to be addressed
3. *Against Medical Advice* – clients decide to discontinue therapy

# Insurance Reimbursement

Reasonable efforts will be taken to access available health insurance benefits. The therapist will assist in completing the necessary paperwork for filing of claims for behavioral healthcare services. There will be no charge for completing insurance forms.

Health insurance policies vary from one carrier to the next. Many companies limit the diagnoses that are eligible for reimbursement. Some companies place limitations on the number of sessions available or limit reimbursement to certain professions. Individuals seeking to utilize their insurance benefits should contact their customer service representative and become aware of any limitations that exist.

The therapist will apply to become a service provider for insurance plans for which he/she is not currently registered as a service provider. In this situation, the client will be responsible for any co-payment when services are rendered. The remaining portion of the payment will be carried as a debt owed by the client until such time that a decision regarding reimbursement is made by the insurance carrier. In the event that the counseling services are not reimbursable, the debt will become due. Information will be provided for the client to request “out of plan” reimbursement for therapy services.

It is illegal and unethical for a professional to issue a fraudulent diagnosis or alter a diagnosis in order for therapeutic services to qualify for insurance plan reimbursement. In the event a particular diagnosis is not covered in the insurance plan formulary, the client will become responsible for the cost of services rendered.

# Responsibility for Payment

Clients are responsible for payment of services when services are rendered except in situations where third-party benefits are approved and forthcoming. As an approved provider for some insurance plans, the therapist has entered into agreements for rate levels that may be different than the posted fee-for-services. In situations such as these, the client is responsible for only the co-payment determined by the insurance plan. Reasonable efforts will be made to accommodate the financial situation of individual clients. Contractual payment plans are considered on a case-by-case basis.

Accounts will become delinquent after 30 days of non-payment unless payments are being made through an approved third-party. A 2.5% late fee will be assessed on the principle for every 30 days the payment remains delinquent. When the payment delinquency extends beyond 120 days, the account will be forwarded to a local collection agency for resolution. Any legal fees or collection fees associated with this action will become the responsibility of the client. Delinquent accounts beyond 120 days will also be reported to local and national credit bureaus.

# Complaints

Any complaint can be made to a Partner in the company at any time in writing, or via telephone or fax. Any complaints involving the professional services offered can be addressed to the state licensing board listed in “Licensing Information” above.

**Colleague Consultation**

In keeping with generally accepted standards of practice, consultation with other mental health professionals regarding the management of cases often occurs. The purpose of consultation is to ensure quality care. In such cases, every effort is made to protect the identity of clients. Each consultation will be documented in the client record including the date of the consultation, parties involved, and recommendations made.

# Availability

Efforts are made to schedule therapy appointments at mutually convenient times. Some evening hours are available. While desirable, there is no guarantee that a particular therapy time slot will always be available. There is an answering service on the office telephone line where messages can be left when the therapist is not available. Keep in mind that these messages are stored on a server that can be accessed by others. Use caution when leaving messages. Clients will be informed of times the therapist will not be available for extended periods due to vacation, trainings, or conferences. Emergency contact information will be made available.

**Dissolution of the Company**

In the event that Advanced Counseling and Research Services is forced to discontinue its service due to the death or incapacitation of its counselors, all current files and files that have been closed for less than 7 years will be placed with a curator. Current and former clients will be informed in writing at their last address on record of the conditions resulting in the closing of the company and the location of the clinical files. Clients can request to have their records sent to them. Records will only be released to clients who have received services and have shown adequate proof of identity. Records will be destroyed by shredding (7) years from the date of last services.

Advanced Counseling and Research Services

**Practicum and Internship Graduates Disclosure**

Advanced Counseling and Research Services provides state, internship, and practicum supervision to individuals meeting specific criteria as outlined by the American Counseling Association's Code of Ethics for these roles. In providing counselor-in-training services, we accept area graduate students to learn, understand, train, and apply counselor skills, and knowledge learned within a counseling session by your therapist as a way for them to complete specific counseling competencies for their academic/educational programs. Prior to inviting one of the students into your session, your therapist will tell you exactly what the role of the person attending your session will be, what to expect from that person in the way the counseling relationship, and how much if any involvement they will have during your session.

Graduate Student Training Models

There are two types of student counselors that ACRS employs from local universities, practicum and internship students. Practicum and internship graduate students are required to complete minimum standards as outlined by the \_\_\_"Graduate Program"\_\_\_\_ that indicates how much direct and indirect time these individuals must spend with clients/patients in order to achieve a level of proficiency within their respective courses. We make every effort to consider the dynamics of the session material before exercising the use of a graduate student within your session. We also request your cooperation, as well as understand if you absolutely do not want a student sitting in a particular session, please let your counselor know upon scheduling your appointment. In order to accommodate multiple academic university sites, you may not have the same state, internship, or practicum student in each session. Confidentiality regulations still apply as written in the American Counseling Association's Code of Ethics. Supervision meetings are outlined within your informed consent.

Initial:\_\_\_\_\_\_\_\_\_\_

**Health Insurance Portability and Accountability Act (HIPAA)**

These counseling services maintain compliance to HIPAA regulations that have established procedures for transmitting medical health information electronically. There is a separate document that describes policies relevant to HIPAA standards for privacy. **Client Rights**

You have the right to request where we contact you.

* Home
* Work
* Cell phone
* Email

You have the right to release your medical records with some exceptions

* Must be written authorization to release records/brief conversations
* Continuation of care applies if hospitalization occurs
* The revocation is not valid to the extent that the counselor has acted in reliance on such previous authorization

You have the right to inspect and copy your medical/mental billing records

* You have the right to inspect a copy your records
* The counselor may deny the request to certain parts of your records if there is concern that the information may cause harm to the client
* A nominal fee of $2.00 PER PAGE PLUS ANY MAILING CHARGES WILL APPLIED

You have the right to add information or amend information in your medical record as an appendage

* You may request to amend your medical record. Such a request must be in writing and include the rationale for such action.
* The request to amend your medical record must be made within 14 days from the time that you first become aware of the disputed information.
* The request for amendment could be denied by the counselor. Such a denial must include a rationale for the denial.
* If the request to amend your medical records is denied, you have the right to file a disagreement statement that will be placed in the record.

You have the right to be informed of any disclosures from your medical records

* You have the right to be notified of any disclosures from your medical record for a period of six (6) years after your discharge

**EXCEPTIONS to this notification**

* **Disclosures for treatment, payment or healthcare options**
* **Disclosures pursuant to a signed release**
* **Disclosures made to you, the client**
* **Disclosure for national security or law enforcement**
* **Disclosures made per law, mandated reporters, and duty to warn.**
* **Disclosures made to emergency personnel in the event of your loss of consciousness within session**

You have the right to request restrictions on uses and disclosures of your healthcare

* Such requests must be in writing
* The counselor is not obligated to agree with such a request

You have the right to complain about the handling of privacy regarding your medical record

* Such complains should first be made to the counselor
* If not satisfied, you have the right to complain to the US Department of Health and Human Services (USD of HHS).
* There shall be no retaliation by the counselor for complaints issued by the client

You have the right to receive any changes in policy

* You may request in writing to be notified of any changes in policy that effect your medical record
* This request should be addressed to the counselor who acts as the privacy officer (Cheryl Wilson-Smith, M.A., LPC, NCC, CCMHC, CT, and sent certified with signature

Client Declaration-Informed Consent/Treatment

I have read this document, understand its content, and have received a copy for my personal records.

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

##### Client Signature Date

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

Counselor Signature Date

I may be contacted per my rights at the following locations:

Home number: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ (ext. \_\_\_\_\_\_)

Mobile number: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

\*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)

Any messages left will consist of the use of the term "ACRS" to signify Advanced Counseling and Research Services. Your therapist or an agent of ACRS may leave her/his name as necessary to ensure proper communications.