

## INFORMED CONSENT FOR PSYCHOTHERAPY

### Your Rights

You have the right to know the name, title, degree and license of your counselor, to know what services are covered by your insurance, to know the rates for services, to know information about your diagnosis and treatment plan, to have access to your records, for your records to be released to other parties with your consent, to be treated with respect, dignity, and privacy, to be part of decisions made about your care, to express complaints, to know all the facts regarding any charge or bill you receive, and the right to receive timely care consistent with your need for care. **You have the right to refuse counseling and you have the right to stop counseling at any time.**

### Your Responsibilities

You have the responsibility to provide information, including past treatment records, that we may need to plan your treatment. You have the responsibility to learn about your condition or diagnosis and work with your counselor so that you understand the plan for your care. You have the responsibility to follow advice, recommendations, and instructions for your care that you have agreed to with your counselor. You have the responsibility to notify us of any changes, like address, phone number, or insurance. You have the responsibility to come to your meetings on time and prepared to participate. It is your responsibility to be honest and cooperative. It is your responsibility to ask questions and share any concerns. If you are late to a meeting, we may reschedule; if we decide to meet, we may end on time to avoid running over into the next client's session. We may terminate counseling if you are not following recommendations, if you do not complete homework, follow our advice, allow us to coordinate or care with other providers, permit us to obtain treatment records from other providers, if you miss too many sessions, if you are not paying your bills, or if we believe that you are not benefiting from counseling. Your relationship with your counselor is now and will be in the future solely a professional relationship. You understand that PSC makes no guarantees to your satisfaction with services.

### Risks in Counseling and Alternatives to Counseling

There are risks when entering counseling. Counseling is an intentional and goal-directed relationship with a professional that involves discussing unpleasant aspects of your life and you may experience, to some degree, uncomfortable or negative feelings such as anger, irritability, anxiety, sadness, shame, embarrassment, guilt, helplessness, or hopelessness. Counseling may cause you to relive troubling or traumatic events bringing back bad memories and emotions. It may challenge your beliefs or your behaviors causing you to feel uncomfortable. Change is difficult, and it may take many cycles of trial and error and frustrations before you reach your goals. Sometimes problems may get worse before they get better. While you're in counseling, it may decrease the amount of bonding or sharing you do with friends or relatives. Counseling has been shown to have many **benefits**: it often leads to better relationships, alleviation of anxiety, depression, or other emotional problems, solutions to specific problems, an improved ability to manage life stress, but there is no guarantee of what you will experience.

There are **alternatives to Counseling**, for example, you may do nothing at all, and let more time pass to see if things will get better. We usually don't recommend that option. When people come to counseling, they usually have waited too long to get help. Participating in a mental health assessment does not obligate you to follow through with treatment, but it may provide you with useful information about your situation and help you make better choices. You can seek out a support group in your community, you can look for self-help books written by professionals, you can talk with family members, you can seek support from your family doctor. You can see a psychologist or psychiatrist. You can do your own research on what you see as your problems or issues, by looking on the internet or in the library. You can try "alternative" approaches, whatever they might be, such as dietary interventions or exercise regimens. You can try making lifestyle changes you think might help. We only make recommendations for other interventions or treatments after we have conducted our assessment.

### Counselors and Counseling Approaches

PSC hires primarily Clinical Social Workers (LCSW) who hold the Master of Social Work from a program that has been accredited by the Council on Social Work Education (CSWE). Most therapists are Independent Contractors hired by PSC to provide services. If you are unhappy with the services you are receiving, you can email the owners, Scott or Brenna Costello to share your comments or concerns. Clinical Social Workers are licensed by the Illinois Department of Professional Regulation to provide services, and operate under the National Association of Social Worker's professional code of ethics. [Consumer Reports surveyed 4000 consumers and found that client satisfaction with social work mental health services was equal to satisfaction with services provided by a psychologist or psychiatrist, but the cost was lower]. Our staff uses a variety of interventions from

many different approaches, including, Cognitive Therapy, Cognitive-Behavioral Therapy, Interpersonal Therapy, Behavioral Action Therapy, EMDR, Internal Family Systems Therapy, Psycho-education, Psychodynamic Therapy, Marital Therapy, Brief Therapy, Family Therapy, Narrative Therapy, REBT, Reality Therapy, Logotherapy, Parent-Management Training, Play Therapy, and others. Please discuss with your counselor any questions you may have about their approaches or interventions. We also contract with Licensed Clinical Professional Counselors to provide therapy. LCPC therapists have very similar education and experience and draw from the same set of therapy approaches listed above.

### **Diagnoses and Coordination of Care with other Providers**

If a third party, such as an insurance company, is paying for part or all of your services, we are usually required to apply a diagnosis from the Diagnostic and Statistical Manual V for third party for reimbursement. Diagnoses are technical terms that describe your problem in terms of symptoms, severity and duration. You may come to counseling with a diagnosis from another professional, such as a psychiatrist, psychologist, or other therapist, so please discuss your diagnosis with your counselor. We may ask that you sign a release of information between us and other providers so that we may coordinate care and provide you with the best services. Not allowing your counseling to speak with other providers may limit your ability to benefit from our services.

### **What if I have a mental health emergency or urgent issue?**

PSC does not provide emergency services. We may be available for "urgent" matters, but there is no guarantee that we could see you within an urgent time-frame which is usually within 48 hours. However, we will return urgent calls as soon as possible and we may be able to provide assistance over the phone, if we cannot schedule an appointment. Phone conversations are not covered by your insurance. If your call is urgent, where you need support from your counselor for a non-emergency clinical issue, please call 800-620-9511 and follow the prompts. If you are unable to reach your counselor for an urgent matter, you can choose to call the 24-hour crisis line at 815-476-6969 or 708-258-3333, or 1-800-suicide.

### **What if I miss a session or more than one session?**

If you cancel your session with less than 24 hour notice, we may charge you \$20. If you miss 3 or more appointments, with or without notice, you may lose a regular time slot, and your counselor may terminate services, and all missed sessions after the 3<sup>rd</sup> are charged \$20 regardless of notice or reasons. Regular attendance is necessary for therapy to be beneficial. If you miss an appointment, please call and let your counselor know what your intentions are regarding scheduling future sessions, or you may lose your time slot. If you disagree with the recommended frequency of sessions or duration of treatment, please discuss it with your counselor. On a very infrequent basis, your counselor may have to cancel a session; if this happens, your counselor will notify you immediately if they need to reschedule an appointment due to illness, personal reasons. Please refer to the "Termination of Therapy" section below for additional information.

### **What if your therapists leaves PSC?**

Although it is not a common event, your counselor may no longer be able to work with you, your child, or family. This can happen with notice or abruptly, with very short notice. We do our best to ensure that your counselor will be with you until you no longer need or want to participate in counseling, however, there are reasons why counselors stop before desired, for example: they may move, become ill, want to leave the agency or start their own practice, have performance problems, or for a variety of other reasons. We will notify you as soon as we become aware of a termination and offer you the following alternatives: start working with another counselor at our practice, refer you to another counselor in your insurance network, or conduct a re-assessment and provide you with new recommendations. You may choose any of these alternatives and you have the right to stop counseling any time you wish.

### **When therapy ends:**

"Termination" means that your therapist is no longer your service provider and no longer bears any responsibility for your care. If you decide to stop therapy, we will ask for 1-3 sessions with you or your child or spouse in order to properly end the working relationships. During these meetings, we will review the goals, progress towards reaching goals, barriers to success, work on a relapse prevention plan or a symptom management plan, and provide closure to the relationship. At the end of treatment, we will terminate therapy. We sometimes recommend future "maintenance" meetings to help ensure that symptoms or problems remain resolved or are prevented from getting worse. If you decide to "drop out" of therapy, we ask that you please let us know. We will attempt to call you at least once, or we may send a letter to your home. We will terminate immediately if you do not call us to let us know your plans. In order to start seeing a therapist again, you will have to re-consent.

### **Child Custody and Visitation Evaluations**

We do not perform child custody evaluations, also known as "604(b) evaluations." If you are in need of a custody evaluation, please contact an attorney and ask them for a referral to an individual who conducts these evaluations. When your child comes to counseling, you are consenting to counseling and we are providing therapeutic services that are very different from conducting a child custody or visitation evaluation. It is not appropriate to use our assessment for a child custody decision. If you seek a court order to have your child's counselor provide court testimony, be aware that it may be detrimental to your child's relationship with your counselor, in that they may not feel safe sharing their thoughts and feelings with their counselor, or with parents. If we are court ordered to testify in your child's custody case, we will not be able to provide the court or a third party with any recommendations or professional or "personal" opinions regarding custody or visitation for your child. We cannot be responsible for the outcome of court ordered testimony that is provided to third parties by our counselors under a court order. By consenting to counseling, you agree to instruct your attorney not to subpoena or cause to be subpoenaed your therapist or your child's therapy records for court proceedings, and you agree to pay PSC for all fees incurred in quashing or otherwise resisting or in any way responding to the subpoena.

### **Audio or Video Recording of Counseling Sessions**

We may audio record some sessions for clinical purposes, for administrative or liability purposes or for supervision or training purposes. Recorded sessions will not include identifying information, other than information included during conversation or observation. Any audio-video or video recording will be conducted only with your written consent; audio-video or audio recordings will be maintained for a period of time agreed upon by both parties and will be destroyed at an agreed upon time. Your counselor will ask you to sign a separate consent form before video recording any sessions. You agree that you will not make any type of electronic recordings of sessions or phone calls with PSC staff without the written permission of authorized PSC staff. You agree that PSC owns all copyrights to audio, visual, or audiovisual recordings made by PSC or made or caused to be made by you, and you shall not use, copy, or distribute recordings in any manner other than specified in a written agreement with PSC.

### **What is the school wants my child to be evaluated?**

School staff may ask that your child be evaluated by a mental health practitioner in order to return to school. These "evaluations" are requested usually after a child has made a threat to harm himself or someone else, or has what appear to be dangerous or problematic behaviors. If we are unable to see your child immediately, we may recommend that you take your child to their pediatrician or a hospital emergency room for an evaluation. Some of our counselors are able to conduct these evaluations and provide you with a written report with recommendations for your child. We may recommend that your child return to school with conditions, no conditions or not return to school. All evaluations are conducted in-person with your child. These evaluations may or may not be covered by insurance and you may be expected to pay for the evaluation at the time of service. You will be reimbursed should your insurance company cover the service. Please be advised that if your counselor believes that your child is in imminent risk of harming himself or someone else, that we will inform you of this and may make recommendations which we will fully expect you and your child to promptly follow.

### **Marital or Relationship Therapy and Family Therapy**

Couple or Marital Therapy is offered to clients who wish to improve their relationship. When a therapist provides marital therapy, they will not be able to see either spouse for individual therapy any time after the marital therapy has ended. Individual therapy sessions may be held during the course of marital therapy; however, the focus of these sessions will be about issues pertaining to the marriage. In this case, marital therapy is never a covered insurance benefit.

When an individual is assessed as suffering from depression, anxiety, or another mental health problem which is directly related to marital problems, then marital or couple therapy may be provided to help alleviate the mental health problem. However, one spouse may be the "identified client" and the other spouse may participate as a "collateral." In these cases, individual therapy may be provided to the identified client after marital therapy has ended. Marital therapy is sometimes covered by insurance plans in this case. We will inform you ahead of time if your plan covers this service.

Whether you are participating in marital therapy as a couple or as a collateral assisting with the treatment of the client, your therapist will let you know prior to starting the marital therapy process. The same process applies to family therapy. We will let you know if the family as a whole is the client, or if there is an "identified client" and who will play the role of the collateral.

The marital and family therapy process will almost always start with individual assessments. These assessments provide us the opportunity to see if each party is willing and able to participate, if they have their own mental health needs that would need to be addressed, and to gather uninterrupted and unfiltered information for the benefit of the therapy process.

I understand that this type of counseling requires sharing my thoughts, feelings, issues and experiences with my therapist and family members. During the marital or family therapy process, if there are things that I do not want my spouse, partner, or family members to know, that I must request to my therapist that this information not be shared. The process of marital and family therapy usually requires full disclosure in order to be effective. Sometimes my therapist may determine that certain information must be shared in order to continue with services. Also, your therapist will use their better judgment before sharing information which other may find upsetting or distressing (for example, if someone is having a secret affair, marital counseling cannot continue unless the affair is terminated or the other spouse is made aware of the affair). I understand that participating in marital, relationship, or family counseling involves risks, such as increased emotional stress and sharing feelings and thoughts that may be difficult to share and difficult for others to cope with.

I understand that my counselor might ask that I participate in individual counseling prior to or during the course of marital therapy, or that my therapist may have other recommendations that he may require that me to follow in order to participate in services, such as a physical exam, other medical tests, support groups, or other forms of counseling. Unfortunately, some couples end up getting divorced and some families are unable to resolve problems. It may be a conflict of interest for your therapist to be a part of divorce proceedings, including child custody or visitation decisions. By consenting to counseling, you agree to instruct your attorney not to subpoena or cause to be subpoenaed your therapist or therapy records for any court proceedings; and you agree to reimburse PSC in full for any costs PSC incurs in order to quash, resist, or respond to the subpoena.

### **For Parents when a Child is the Primary Client**

We understand that we are consenting to begin our child's assessment and treatment, not our own, and that our role is to help provide information, to plan, to assist in measuring progress, and to coordinate our child's treatment with other providers. We understand that we may need to participate in family counseling for the well-being of our child. We understand our right to confidentiality between us and our child's counselor, and that those statements we make to our counselor will not be revealed to our child without our prior consent. We also understand that if we enter into family counseling, our right to confidentiality may be limited in order for family counseling to be effective.

We understand that after our child is assessed, our child and our child's counselor will develop a treatment plan, and that we will be informed of and asked to agree to the plan before treatment begins, provided that our child 12 or older consented to share this information (State law has provided rights of confidentiality to children age 12 and older). As part of a complete assessment, we understand that our child may need a physical examination or other medical examinations, and that we will request that his or her reports be sent to our child's therapist.

There are risks to having your child participate in counseling: he may disclose "family secrets," parents may find that they disagree on the best interests of the child, and the process could cause discomfort since parents are trusting another person with their child's well-being. Children need a "zone of privacy" where they can feel safe sharing their deepest thoughts and feelings. Privacy builds trust and forms the basis of healing and change. Please refrain from asking your child questions about what they talked about in meetings.

Children under the age of 12 may have their records inspected by their parents and their parents must consent to services. Children who are 12 and older must consent for anyone, including their parents, to review any portion of their record. Parents do have a right to know their child's diagnosis, the dates, time, and duration of sessions, the types of treatment provided and the aftercare plan at the time of termination of services. Children ages 12 and older may enter therapy for up to 5 sessions without consent of their parents, after which their parents must consent, for services to continue. Parents can compel their children, age 17 and under, to attend counseling. Consent is needed from only one parent for counseling to begin, unless there is a court order that has been filed with the circuit clerk which specifies which parent may or may not consent. Parents may end services or stop counseling at any time they wish. If one parent starts their child in counseling and then later the other parent wants the child to stop counseling, we will ask to meet with both parents to discuss our recommendations. It is important for parents to act in good faith regarding entering child into counseling or ending services (please read the prior section about child custody and visitation).

Unfortunately, some couples end up getting divorced and some families are unable to resolve problems. It is a conflict of interest for your therapist to be a part of divorce proceedings, including child custody or visitation decisions. By consenting to counseling, you agree to instruct your attorney not to subpoena or cause to be subpoenaed your therapist or therapy records for any court proceedings; and you agree to reimburse PSC in full for any costs PSC incurs in order to quash, resist, or respond to the subpoena.

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

**Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Fundraising.** We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

**Verbal Permission.** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii)

disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at Scott Costello at 20855 South LaGrange Road, Suite 202, Frankfort, Illinois, 60423.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## **COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Scott Costello at 20855 South LaGrange Road, Suite 202, Frankfort, Illinois, 60423, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**The effective date of this Notice is September 2013.**

### **Additional Terms of Privacy regarding electronic communications and the internet:**

**Regarding online social networks:** Please do not send your therapist a “friend request” or “invitation,” to your therapist. You should expect friend requests to be ignored or deleted by your therapist. Emails or other types of communication that are sent to your therapist through social networking websites will not be responded to and will be deleted.

**Regarding online ratings, reviews, or comments about PSC staff or PSC in general:** Many websites available on the internet ask people to write reviews or ratings of professionals. You agree that PSC owns all copyright privileges to your reviews, comments, or ratings that you submit to any website on the internet regarding PSC or any psychotherapist contracted with PSC, or any PSC staff person. You agree to pay PSC for any costs PSC incurs for trying to remove reviews, ratings, or comments made by you about PSC, or any psychotherapist contracted with PSC, or any PSC staff person. These costs can be high as we may be forced to subpoena IP address information from an ISP or other entity. You are aware that PSC will pursue legal action for libel posted on the internet by you or otherwise caused by you.

**Regarding emails containing protected health information (PHI):** You agree that if you send an email to your psychotherapist with questions that require the psychotherapist to include PHI in their response, that your action of sending emails to the psychotherapist means that you have given permission for the psychotherapist to communicate through email messaging and that the psychotherapist is in no way responsible for any breach of PHI that results from communicating through email messaging. In short, you will send and receive emails with PHI at your own risk of a loss of confidentiality. We ask that you limit emails to scheduling and confirming appointments.

### **RESPONSIBILITY TO COMPLY WITH NOTICE**

PSC is required to comply with the terms of the Privacy Notice currently in effect. However, PSC reserves the right to change its Privacy Policy based on its needs and changes in State and Federal law. Notice of any material change in the Privacy Policy will be posted and made available to you in our office or at our website, [www.PersonalSolutionsCounseling.com](http://www.PersonalSolutionsCounseling.com).

### **Suggestions, Complaints and Compliments**

If you have suggestions, complaints or compliments you may send us a letter, email ([PSC9300s@gmail.com](mailto:PSC9300s@gmail.com)) or voice mail at any time. If you are unhappy with counseling, we strongly encourage you to talk about it with your counselor. We are very open to your feedback and we will take any criticisms seriously and with respect.

**After reading this document entitled, Informed Consent for Counseling Services and Privacy Policy, I will sign my name on the Informed Consent signature page and I will be bound to the terms herein.**