

CANTERBURY COUNSELING CENTER

Consent for Psychotherapy and Professional Disclosure

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the South Carolina Department of Labor, Licensing and Regulation. Any questions, concerns or complaints regarding the practice of mental health may be directed to the SC Board of Examiners of Licensed Professional Counselors, Associate Counselors and Marriage and Family Therapist, 1215 Anthony Ave., Columbia, SC 29201, (803) 896-4658 or the SC Board of Social Work Examiners, PO Box 1083, Columbia, SC 29202, (803)765-2214, depending on the licensure of your psychotherapist.

Client Rights:

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You may seek a second opinion from another psychotherapist or terminate treatment at any time. You have the right to know about your therapist's education, training and work experience.

You should know that in a professional psychotherapy relationship, sexual intimacy is never appropriate, is illegal in South Carolina, and should be reported to the Grievance Board as noted above. You should understand that information provided by you during psychotherapy sessions is legally confidential in the case of psychotherapists. However, there are certain situations in which your counselor is required by law to reveal information obtained during therapy to other persons without your permission.

1. If you reveal that you intend to harm yourself or someone else, it is required by law that the authorities and the intended victims be notified.
2. If you reveal information about current or ongoing child/elder abuse or neglect, that information must be reported.
3. If it is determined that you are gravely disabled, and therefore unable to safely care for yourself, it must be reported.
4. If your psychotherapy chart, including session notes, diagnosis, client information form etc., is subpoenaed by a family or criminal court of law judge, it must be released to them.

The following guidelines are provided to assure understanding between client and psychotherapist:

1. Your psychotherapist will provide access information in case of crisis or emergency need. If she/he cannot meet your needs for this or any other reason, she/he will make every effort to make an appropriate referral.
2. Individual psychotherapy appointments are usually scheduled for 50 minutes on a weekly basis or bi-weekly basis. Support or psychotherapy groups are usually scheduled for 60-90 minutes. You may discuss your individual needs regarding appointment times and length of sessions with your psychotherapist.
3. Fees are payable on the day that services are delivered and established during your first session. If third party payment is to be filed you will be asked to sign an authorization for release of information.
4. You may make any comment or complaint regarding services or the conduct of your therapist to the SC Department of Labor, Licensing and Regulation.
5. Your psychotherapy sessions may be periodically observed, facilitated or audio/video taped, for the purpose of supervision. Your psychotherapist will discuss this with you if applicable. You have the right to decline taping and observation of your sessions anytime.
6. Your therapist may share clinical information with coworkers and/or psychotherapist within the agency in order to facilitate your treatment.

I have read and understood this statement and by signing this form give my consent for treatment.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

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Notice of Privacy Practices

This notice describes your rights regarding your health information. All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file is considered “protected health information” by the Health Insurance and Portability and Accountability Act of 1996 (HIPPA). This law established a national baseline of patient’s rights to confidentiality and requires that we give you this notice of privacy practices. As such your health information cannot be distributed to anyone else without your informed and voluntary written consent or authorization. There are exceptions as delineated in your consent for treatment document.

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place, which is more private to you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have a right to ask us to limit what we tell people involved in your care or the payment of your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law or in an emergency or when the information is necessary to treat you.
3. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy from the Privacy Officer.
4. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the healthcare we provide to you in any way.
5. As a client you have the right to receive a history of all disclosures of protected health information. You may be required to pay copying fees.

If you have any questions regarding this notice or the Health Information Privacy Policies, please contact your therapist.

I, _____, have read and understand this Notice of Privacy Practices, and have been given sufficient information regarding any questions I have had concerning its contents.

I, _____, authorize Canterbury Counseling Center to call or text me regarding issues of my care at Canterbury Counseling center.

Signature: _____ Date: _____

Signature: _____ Date: _____