

## **Kristy Mitchell, LPC, PLLC**

10948 NW Expressway Ste 3 Yukon, OK 73099

100 48<sup>th</sup> Ave NW Norman, OK 73072

### **Client Understanding and Informed Consent**

Welcome to our office for Counseling Services. Thank you for trusting us to assist you with your personal concerns. Please take the time to read and understand this document and ask your therapist about any portion that may be unclear to you.

#### **Description of Services**

We provide individual, couples, and group psychotherapy. Psychotherapy is not easily described in general statements. It varies on the personalities of the therapist and the client, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during session and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience. You are receiving therapy voluntarily and are free to end therapy at any time.

We do not provide medical services or prescribe medication. Your therapist may refer you to other consultants for testing or medical doctor for assessment or medication.

#### **Confidentiality**

The staff will not release information about you to anyone without your written permission. *All adults in attendance for any part of therapy must sign a release before information may be released to a third party.* Insurance companies typically require information before approving payment for sessions.

Your case may be discussed with staff therapists for consultation but not with professionals outside this agency without your prior written consent. Our clerical staff will also protect any information that they process about your case. If your spouse or family member wants information about your progress, with your permission, they may come to a session where you are present.

*Exceptions to confidentiality which, by law, require your therapist to reveal information about you to the proper authorities include the following: a specific threat to your life or the life of someone else, known or suspected abuse or neglect of a child or dependent adult, and a court order directly to your therapist. Your therapist will attempt to speak with you prior to releasing information in the above circumstances.*

#### **Protected Health Information HIPPA**

This is a summary of Your Rights With Respect To Your Protected Health Information. You have the right to request to inspect or copy your protected health information. This is granted if no harm to you exists in such sharing and with the understanding that Kristy Mitchell, LPC, PLLC, clinic therapist, and staff is not responsible for any disclosure of such information after it is shared with you. You must make all requests in writing, and if a copy is made for your records, you will be charged \$0.25 per page. You have the right to identify where you would like any communication from our office to be sent, and what means of communication you will allow (i.e. fax, letter, verbally, etc.) You may request a detailed copy of the Notice of Privacy Practices, and discuss any questions or concerns at any time.

#### **Child custody cases & psychological evaluations**

Kristy Mitchell, LPC, PLLC and her clinic therapist do not testify in child custody cases. Our role is to help in therapeutic ways. We are not available to be involved in matters of the court. We also do not do psychological evaluations but are happy to make a referral if you require an evaluation.

#### **Fees**

Fees are based on a 60 minute session. The provider agrees to bill your in-network insurance company on your behalf. By signing, you will consent to our use and disclosure of your protected health information to carry out payment activities, and healthcare operations. Your copayment and/or full payment is due at the

time of service. Sessions are billed according to Insurance allowable charges. You must follow your insurance companies co-pay and deductible policies.

### **Telephone Consultations**

Telephone consultations are available on a limited basis. Fees do apply to consultations over fifteen minutes. If circumstances prevent you from attending a session, a phone appointment is possible on an occasional basis.

### **Appointment Cancellations**

A broken appointment is a loss to everyone. Please inform us at least 24 hours in advance if you are unable to keep your appointment. *If 24 hours notice is not given, you will be charged a fee of \$75.00 for the first missed appointment. If there is a second missed appointment you will be charged the full fee.* Please leave a message regarding an appointment after office hours, or if you are unable to reach your therapist.

### **Statement of Professional Disclosure**

I am required by law to furnish you with information regarding my license to practice as a Licensed Professional Counselor (License#3553) in the State of Oklahoma awarded by the Oklahoma State Department of Health.

The licensing website is <http://www.health.ok.gov/program/lpc/> where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact the Professional Counselor Licensing Division at:

### **State Board of Behavioral Health Licensure (BBHL)**

3815 N. Santa Fe, Suite 110

Oklahoma City, OK 73118

Phone: (405) 522-3696

Fax: (405) 522-3691

### **In an Emergency**

In some instances, you might need immediate help at a time when your therapist is not available or cannot return your call. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in an emergency situation visit the nearest Emergency Room and ask for the mental health professional on call.

Below are some additional phone numbers answered on a 24-hour basis and may be helpful to you in case of an emergency:

**National Suicide Prevention Lifeline 1-800-273-8255**

**National Alliance on Mental Illness (405) 701-2078**

**Central Oklahoma Community Mental Health Center (405) 360-5100**

### **Your Rights As a Client:**

1. To be treated with consideration, respect and genuine care.
2. To receive quality treatment regardless of race, religion, sex, age, ethnic background, mental and/or physical disabling condition, or ability to pay.
3. To be provided confidentiality and protection from any unwarranted disclosure regarding your treatment.
4. To be involved in planning your treatment and to be informed about your treatment process.
5. To be involved in your discharge and aftercare planning.
6. To refuse treatment to the extent permitted by the law and to be informed about the possible consequences of your action.
7. To review and discuss your records with your therapist upon written request.
8. To examine and have explained the bill for your services.
9. To issue a grievance by first attempting to work out any issue with your therapist during your sessions. If your efforts together do not address the issue satisfactorily then schedule an appointment for a phone interview with the Executive Director. All efforts will be made to satisfactorily address any situation where we have responsibility.