



an Ally on your life's journey

Counseling Alliance, LLC

7105 Turner Road, Rockledge, Florida 32955

(321) 425-4405

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me.

The Therapeutic Process

Psychotherapy is different from other medical or health services, in that therapy is not “done” to you. Instead, the outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and will do my very best to understand you and help you understand yourself, will aid you recognizing your unhealthy patterns, as well as to assist you clarifying your goals.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so it is beneficial to be very careful about the therapist you select. If you have questions about my therapeutic approach or personal style, we can discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

About the therapist

My credentials to provide clinical services include, a Master's of Art degree in Mental Health Counseling and independent licensure as a Professional Counselor (LPC and LMHC) in the Commonwealth of Virginia, the District of Columbia and the State of Florida. My primary areas of expertise include the

treatment of trauma, depression, anxiety, chemical dependency and compulsive behaviors. While there are many different methods I may use to assist clients in navigating personal issues and behavioral health symptoms, I work primarily from the Internal Family Systems (IFS) approach, and incorporating Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT) techniques. Using these approaches will require introspection into and integration of different “parts” of one’s self, as well as occasional written or experiential exercises outside of session. I am also body-based in exploring and managing distressing symptoms, therefore mindfulness practices are regularly incorporated in sessions. All in all, therapy tends to be the most beneficial, when clients practice the skills discussed during sessions as well as surrendering to and being fully engaged in the process. I do not profess to have all the answer, but together we can work towards achieving balance, wellness and vitality.

Confidentiality

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named individual or entity. However, please that once the authorized confidential information is release, the therapist no longer assumes responsibility for any subsequent releases of information by the authorized recipient. Further limitations of confidentiality are listed in detail in the Practice Policies and HIPPA disclosure forms.

Additionally, if we encounter each other in the community or otherwise outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

As an individual and a therapist, I am very transparent in nature, therefore if you have any questions, or concerns at any time during our therapeutic relationship, please do not hesitate to let me know. Thank you for inviting in to your life and I look forward to our work together.



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Client Services Agreement and Practice Policies

Welcome to my private practice and thank you for contacting me regarding your counseling needs. This document (the Agreement) contains important information about my professional services and practice policies. We can discuss any questions you have about the information outline in this document at any time during our work together. When you sign the informed consent, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; such as if you have not satisfied any financial obligations you have incurred.

Meetings and Attendance

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can decide if I am the best therapist to provide the services you need in order to meet your treatment goals. If psychotherapy has begun, I will typically schedule one 50-minute session (also known as a “clinical hour”) per week, at an agreed upon time. Although in some instances, sessions may be longer or more frequent. If a scheduled session must be missed and arrangements have been made in advance, the agreed upon appointment time and day will be held for 2 consecutive weeks. Should you need to take a break from treatment that extends beyond 2 weeks, a new day and time may be offered. While it is my responsibility to monitor session time and I will provide reasonable prompts indicating when the session has concluded, you will be billed accordingly for sessions exceeding 50 minutes. If you arrive late to session, please note the missed time will not be added to the end of the session, and you will be responsible for the full session fee.

Once an appointment is scheduled, that time is set aside for you with the expectation that you will attend the session. In the event you need to cancel or reschedule an appointment, please contact me as soon as practical. Appointments cancelled without 24 hours advance notice will be subject to a **\$75 cancellation fee**. The only exception to this policy is inclement weather. It is important to note that insurance companies do not provide reimbursement for canceled or missed sessions. In the case of illness, you will not be billed if you are able to reschedule within the same week. Additionally, tele-therapy and telephone coaching are available if communicable illness prevents you from coming into the office. Additionally, should you fail to schedule an appointment for 3 consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional

relationship discontinued. If termination of services is unplanned, a termination letter will be forwarded to your address on record.

Professional Fees and Insurance Reimbursement

My professional fees range between \$120 - \$165 for per session, \$50 for an 80-minute group therapy session, \$50 for a Sexual Dependency and Trauma Assessment and \$175 for a Behavioral Health/Drug and Alcohol Assessment. In addition to weekly appointments, I charge \$35 per 15 minutes for other professional services you may need, to include telephone consultations with other professional providers on your behalf. Administrative services for which an invoice will be generated, also includes report writing, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Additionally, if you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Due to the complexity of legal involvement, I charge \$450 per hour for preparation and attendance at any legal proceeding.

Counseling Alliance, LLC and Tiffanie Trudeau, LMHC, LPC is in-network with select private insurance agencies. If you are using insurance benefits, Counseling Alliance, LLC will file insurance claims on your behalf, and will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. If you chose to self-pay and submit claims on your own, you will be responsible for the full self-pay rate as indicated above and will be provided a monthly statement to assist in the self-submittal process. Payments and fees, including any required co-pays, are due at the time service is rendered. Acceptable forms of payment include cash and personal check. The practice also requests that all clients have a credit/debit card on file, which will be charge only in the event of a missed session or late cancellation. In the event that you chose to utilize a credit/debit card for weekly sessions or co-pays, a \$3.50 convenience fee will be applied, which may not be reimbursable by insurance companies.

Payment for services is expected to be paid at the time of the session. If your account has not been paid for more than 30 days and arrangements for payment have not been made, your account may be subject to a \$25 late fee, which will be assessed each month until the balance is paid in full. In the event that an account balance remains unpaid for 120 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Contacting Me

I am available Tuesday through Thursday, by appointment only. Due to the nature of my work, even during business hours, I may not be immediately available by telephone. When I am unavailable, my telephone is answered by an answering machine that I monitor frequently. I will make every effort to return your call within 24 hours of message receipt or on the next business day if message is received over a weekend and holiday. Please make sure that you speak clearly and slowly when leaving a voice message, as well as include your telephone number, even if you think I have it on file. If you are difficult to reach, please inform me of some times when you will be available. It is your responsibility to keep all of your phone numbers updated. I can also be contacted via email, but please note that electronic

communication transmitted over public servers (i.e. Gmail, Msn, Yahoo, Aol, etc.), may not be secure, and sensitive information should not be sent using these modes of communication. As a policy, I limit communications over text message, and do not provide clinical feedback or recommendations over any electronic medium. In the event you need to cancel or reschedule a session at the last minute, feel free to send a text message, but I will confirm receipt via email or a voice call.

If you are unable to reach me and feel you cannot wait for my return call, contact your primary care physician or psychiatrist, call 911 or go to your nearest emergency room and ask for the psychiatrist or psychiatric liaison on call. Please do not contact me via email in the event of an emergency. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact. This will be available on my answering machine or provided to you in person.

Client Rights

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of any disclosures of PHI that you have consented to; determining location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself, you may request to examine your clinical record and/or receive a treatment summary, if you requested it in writing. Clinical records include information about your reasons for seeking therapy, ways your problem impacts on your life, your diagnosis, treatment history, past records that I receive from other providers and your billing records. Because these are professional records, they can be misinterpreted and/or upsetting to non-clinical readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstance, I am allowed to charge a copying fee of \$2.00 per page. If I refuse your request for access to your records, I will provide justification to you at the time of the refusal.

Limits on Confidentiality

The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. However, there are situations in which I am legally obligated to release confidential information without your consent. These situations are unusual in my practice, but include:

- If I have reason to suspect that a child is being abused or neglected, the law requires that I file a report with the appropriate governmental agency, usually the Department of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I have reason to suspect that an vulnerable adult is being abused, neglected or exploited, the law requires that I report to the Department of Welfare or Social Services. Once such a report is filed, I may be required to provide additional information.
- If a client communicates a credible threat to cause serious harm or injury to his/her self that could reasonably result in death or incapacitation, the law requires that I notify emergency personnel and refer the client to a higher level of care. Higher levels of care may include acute crisis stabilization/hospitalization.
- If a client communicates a specific threat of immediate serious physical harm to an identifiable victim, and I believe he/she has the intent and ability to carry out the threat, I am required to take protective actions. These actions may include notifying the potential victim or his/her guardian, contacting the police, or seeking hospitalization for the client.

There are other situations that require only that you provide written, advance consent. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the Therapist / Client Privilege Law. I cannot provide any information without your (or your legal representative's) written authorization, or court order. However, if a subpoena is served on me with appropriate notices, I may have to release the requested information. In the event you are involved in or contemplating litigation, I encourage you to consult with your attorney to determine the potential for subpoena or an order to disclose confidential clinical information, as forensic therapist or psychologist may be a more appropriate fit.

Additionally, I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of any client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit any disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Minors and Parents

Children of any age have the right to independently consent to and receive mental health treatment without parental consent and, in that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment, particularly with younger children and this requires that some private information be shared with parents. It is my policy not to provide treatment to a child under the age 16 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children age 16 and over, I request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete, in addition to holding a Parent session every six weeks. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Social Media

Due to the shift in our society as a whole, more individuals are utilizing social media networks and outlets to communicate and connect with one another. It is my policy not to connect with clients, past or present, on social networking sites to include, but not limited to: Facebook, Instagram, LinkedIn, Google+, or Twitter. As such, request to "connect" or "friend" will be denied. This allows us to maintain our professional and therapeutic relationship, as well as protects your confidentiality. I do however maintain a professional Facebook page (www.facebook.com/thecounselingalliance), a professional Twitter account (@CounselingAlly) and practice Instagram (@counselingally) to which you are welcome to follow and/or subscribe to keep up with useful clinical information shared via these forums.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to continue assisting you in achieving your treatment goals. You may also choose someone on your own or from another referral source.

Office Etiquette

Please help us maintain a serene atmosphere in the office by observing the following:

- Cell phone use is prohibited while in the waiting areas. Please step out into the hallway if you find it necessary to make telephone calls.
- Children under 12 are not permitted in the waiting areas unless accompanied by another adult.
- Please keep voices to a whisper while in the waiting areas and when exiting down the hallway so as not to disturb others.
- Please refrain from lingering in the waiting area after your scheduled appointment, and do not leave any personal items in the waiting area while meeting with the therapist.
- Dogs and cats are prohibited from the office, with the exception of animals formally deemed as service animals.
- Coffee, tea and water are provided for your enjoyment, but please refrain from eating in the office or waiting area.

Thank you for your cooperation and for respecting the clinical boundaries outlined above



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health

information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. *The Right to Request Limits on Uses and Disclosures of Your PHI.* You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. *The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.* You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. *The Right to Choose How I Send PHI to You.* You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. *The Right to See and Get Copies of Your PHI.* Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. *The Right to Get a List of the Disclosures I Have Made.* You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health

care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. *The Right to Correct or Update Your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. *The Right to Get a Paper or Electronic Copy of this Notice.* You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013