



Office Policies and Informed Consent

Thanks for choosing New Leaf Therapy for your counseling needs! Before we start therapy, please read over this document to learn about my responsibilities to you, the policies for my practice, and your rights and responsibilities. I'm more than happy to address any questions or concerns you have at our first session. When you sign this document it will represent an agreement between us.

My Responsibilities to You as Your Therapist

I. Confidentiality

What we talk about stays between us, with the exception of certain specific circumstances described below. I cannot and will not tell anyone else what you have told me, and will not share with others that you are even in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I am legally allowed to speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy even if you do release me in writing to share information about you. You may provide written consent for me to share information with whomever you choose by signing a "Release of Information" form, but you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

Legal exceptions to your right to confidentiality: (I would inform you of any time when I think I will have to put these into effect.)

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services or Adult Protective Services.
3. If you are a minor and you disclose that you are being abused or neglected, I must inform Child Protective Services.
4. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or seek hospitalization for you. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call to get you emergency help. I may also contact family members to help provide protection.
5. If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and

probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

6. If a judge subpoenas my therapy records from your case, I would be legally obligated to provide those records in court.
7. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is 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.

II. Record-keeping

I keep track of our sessions by writing brief notes with the dates we met, what we covered, progress made, interventions I used, and next steps. These notes are typed into a secure, electronic medical record that is HIPAA-compliant. You have the right to request a copy of your records. Parents have the right to request the records for their child under the age of 18. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents.

III. Communication

Please note that none of these forms of communication are completely secure. Confidential information is best shared in person.

- A. Email: If you would like to communicate with me by email, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not completely confidential. I do not use an encrypting program on email at this time.
- B. Phone/Texting: I am often not immediately available by phone, and many times I will be with another client or taking time for myself to recharge and will not be able to take your call. If you leave me a voice mail or text me, I will return your call or message by the next business day.
- C. Social Media: Our relationship is a professional one, therefore I do not accept friend requests from clients, nor do I have sexual relationships with clients. Please use either email or call/text to communicate with me.
- D. Emergencies: Because I have a limited practice, I may not get back to you right away. *If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to call you back.* When I am out of town for an extended period of time I will give you the name of a colleague you can contact in case of an urgent need.

IV. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am usually required to give a diagnosis to them in order to be paid. Diagnoses are technical terms that describe the nature of your problem(s) and something about whether they are short-term or long-term problems. These do stay on your record with your insurance company. If I do use a diagnosis, I will discuss it with you.

V. Other Rights

Therapy is about you and for you. If you don't understand something or want to try something else in your therapy, please tell me. You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, but I would appreciate some advance notice so that we can have a closing session to review what you've learned and the progress you've made.

VI. Fees

Therapy is \$125 per 50-minute session. You will be asked to pay for each session at the beginning of each session. Payment can be by check, cash, or credit card. A receipt will be emailed or given to you when you pay.

I am currently only accepting insurance in-network for Blue Cross Blue Shield, Aetna, and Cigna. You are responsible for paying all co-pays at the time the service is rendered, or the contracted rate if you haven't yet met your deductible for the year. I can provide a superbill if requested so that you can file a claim for your out-of-network benefits if I'm not in-network with your insurance company.

Any clients that have checks that are returned due to insufficient funds will be charged \$30. Those clients will no longer be allowed to pay by check. Clients must pay any remaining balance on their account before they can have another session. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, 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. If such legal action is necessary, its costs will be included in the claim. 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 you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding, in addition to any transportation or lodging costs.

VII. Ending Therapy Well

I want to make your therapy as successful as possible. For that reason, we will set goals together at the beginning and work toward them. If you decide you have gotten as much as you can out of therapy with me and would like to end counseling, please give me advance notice so that we can plan a closing session and you end with a sense of completion. If I initiate closing your therapy case, it will either be because you successfully met your goals or because I feel that I am not able to be helpful to you any longer. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment.

My Training and Approach to Therapy

I have a Master's degree in Clinical Mental Health Counseling from Clemson University, which I earned in 2013. I am a Licensed Professional Counselor (LPC) in South Carolina (License #6379) and also a National Certified Counselor (NCC). My areas of practice include adolescents and adults with depression, anxiety, or adjustment issues. I am rostered in the state of South Carolina to use Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). My theoretical orientation includes a variety of techniques in Reality Therapy, Cognitive-Behavioral Therapy, Mindfulness, and Motivational Interviewing. I have been in practice as a therapist since 2014.

I may suggest that you get involved in additional forms of support, such as additional counseling or a support group as part of your work with me. If another health care person is working with you, I may request a release of information from you so that I can communicate freely with that person about your care.

Your Responsibilities as a Therapy Client

You are responsible for coming to your sessions on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 24 hours' notice within business hours (Monday-Friday), you will be charged \$50, which insurance or HSA will not cover. If I have your credit card information on file, I will notify you that you are being charged the no-show fee.

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. 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.

Complaints

If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I am a Licensed Professional Counselor, licensed by the South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists. This board can be contacted at (803) 896-4470 or P.O. Box 11329, Columbia, SC 29211-1329.

Client Consent to Therapy

I understand that my participation in therapy is voluntary. I may terminate the therapeutic relationship at any time. I understand that all information is held in strict confidence and is only released by my written permission to specific persons or institutions for specific reasons.

I further understand that there are some exceptions to confidentiality, which are mandated by state statute. I have received and read a copy of "Office Policies and Informed Consent" and understand its contents. Under its terms, I further acknowledge that I consent to and seek treatment with Christina L. Morrison, LPC, until such time as treatment goals are met or other reasons for termination of services have been specified. I understand that psychotherapy is a mutual relationship, which may be terminated by either party for specified reasons.

Unless other arrangements have been made, I understand that I am the financially responsible party paying for all or part of the charges for psychotherapy, and I agree to pay for services at the time rendered and to pay for any charges accrued by me or my family members.

If I am using my insurance benefits to pay for therapy, I authorize New Leaf Therapy to bill my insurance provider on my behalf. If my insurance company denies coverage, I agree to pay the charges myself.

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. My signature below confirms that I understand and accept all the information contained in the "Office Policies and Informed Consent" document.

Printed Name of Client or Legal Guardian

Signature of Client or Legal Guardian Date

If more than one individual (e.g. couple or family) is seeking therapy, please have each of the others sign below. Their signature indicates they have also read the "Office Policies and Informed Consent" document and consent to treatment. Additional copies of these will be provided upon request.

Client or Participant Signature Date

Client or Participant Signature Date

Client or Participant Signature Date