

MINDFULNESS COUNSELING SERVICES LLC

CONSENT FOR TREATMENT and HIPAA COMPLIANCE ACKNOWLEDGMENT

(Revised 7/6/2020)

CONFIDENTIALITY AND PRIVACY

Sessions are confidential. Information regarding treatment may be shared with a third-party only with written consent from you, with few exceptions. Exceptions to confidentiality include when a client is in imminent danger of harming self or others, or when child or elder abuse is suspected. When the client is a minor, legal guardians may know about general treatment plans, though the minor's privacy will be respected as much as possible. More complete information regarding your privacy rights can be found in the document, "HIPAA Notice of Privacy Practices," which has been provided to you. You may request an additional copy at any time. You may discuss any questions or concerns regarding confidentiality and privacy with me.

SOCIAL MEDIA POLICY

I do not accept friend or contact requests from current or former clients. Please do not message me on any social media site as I will not respond.

COMMUNICATION

Please know that neither my mobile phone nor my direct email are secure or HIPAA compliant. If you wish to speak to me about confidential or session-related content and it cannot wait until your next scheduled session, the best way to reach out is through my secure email:

<https://sendsafe.to/barbshaya@aol.com>.

I do send appointment reminders via text message the day before your appointment to avoid having to charge late cancellation fees. Please inform me if you prefer I do not send a reminder.

SCHEDULING APPOINTMENTS

It is preferred that we schedule our next session at the conclusion of your current session. If you need to schedule an appointment or modify an existing appointment, you may phone or text me. Do not include any personal or session-related content in your message as this is not a secure or confidential method of communication.

FEES

Payment shall be made at the time of service unless other arrangements are made in advance. As I do not participate directly with insurance providers, you are responsible for paying my fees in full. I am able to provide an invoice which you can submit to your insurance company for reimbursement. I am considered an out-of-network provider. It is your responsibility to contact your insurance company to determine how much they will reimburse you for my services. By signing below, you acknowledge that you are fully responsible for payment of any charges incurred and for all services provided to you/your child.

