



Policies and Information

Presbyterian Counseling Center

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This packet of information describes how we do things here. We believe you will feel more comfortable and respected if things are clear and if you are not surprised by the way things work.

Pastoral Counseling

Our vision is to provide excellent counseling for you in a spirit of pastoral care. We want to treat you as a person of worth, to help you grow toward a more meaningful and purposeful life, and to relate to you in a manner of grace and care. We try to love because God loves us and we believe God wants us to serve you and this community.

Your treatment is voluntary and you have the right not to do what your therapist recommends. Please talk about any concerns you have about this. The benefits you attain from counseling will depend on your willingness to honestly discuss your thoughts, feelings and behaviors and examine how these may be contributing to your difficulties. At times this may be an uncomfortable process that will need to proceed at a pace that is comfortable for you. However, since the goal of our work together will be to enhance your understanding and skills for dealing with the causes of your problems, our focus will be evaluating what you are doing and helping you to change your behavior.

Appointments, Fees, and Cancellations

1. Appointments are 45 to 50 minutes long.
2. Our fee is \$110 per appointment. Please plan to pay at the time of service.
3. If you want your insurance to help you pay, it is your responsibility to call your insurance provider to find out if they will pay. (Please use the Insurance Worksheet; we really need to get all the information listed on it.) Insurance carriers will not help you pay for missed appointments.
4. If insurance is *not* involved, we provide a sliding fee scale. If the sliding fee scale does not reasonably reflect your ability to pay due to family size or special circumstances, or if someone else will help you pay, please discuss this with the Office Manager, your therapist or the Executive Director.
5. When you make an appointment, you are contracting for the time and you are financially responsible for paying the fee. Because the appointment is reserved for you, you will be charged your full fee if you do not show up. If you must change the appointment, please call at least 24 hours in advance.
 - If you give 24 hours notice, you will not be charged.
 - If you give less than 24 hours notice, you will be charged **half** of your fee.
 - If you fail to call at all, you will be charged your **full** fee.

After-hours phone calls

The center has voice mail for routine and administrative contact outside of regular office hours, but we are not an emergency service center. If you are calling in an emergency situation and your therapist is not immediately available, please call 911 or Halifax Medical Center at 386-254-4100, or go there at 303 N. Clyde Morris Blvd.

Confidentiality

You have a right to confidentiality. What you and your therapist talk about will be held in the strictest confidence allowed by Florida law. There are a few situations where laws require or courts can force us to reveal some information, usually in order to protect someone in danger, like a child, an elderly person or yourself. Insurance companies may require release of some information or they will not help pay for your counseling.

Consultation and Supervision

We have an ongoing commitment to clinical excellence. In most situations, your therapist utilizes consultation and supervision with other professionals to ensure you receive the best treatment possible. This is part of our commitment to continuing professional growth and development, for quality assurance, mutual accountability and lifelong training. Occasionally, your therapist may use audio taping or recommend consultation with your family doctor or other specialist; for these we will request your written authorization.

Payments, Insurance and Billing

Please plan to pay your full fee at the time of service, unless you make other arrangements with your therapist or the Office Manager. When insurance will help pay, our fee is \$110. It is your responsibility to call your insurance provider to find out if they will pay. If you have a health insurance plan from which we do not yet have experience receiving payments, we ask that you continue to pay the full fee for each session at the time of service until insurance payments begin to be received. If insurance payments result in a credit on your account, we will be happy to refund the balance or adjust your co-payment to reflect your account status.

Notice of Privacy Practices

This describes how medical information about you may be used and disclosed and how you can get access to this information.

Privacy is a very important concern for all those who come to our office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this of this section are very detailed and may require careful or repeated reading. If you have any questions, our Privacy Officer will be happy to help you understand our procedures and your rights. His name is at the end of this section.

This section will tell you how we handle your medical information. It tells how we use this information in our office, how we share it with other professionals and organizations and how you can see it. We want you to know all this so you can make the best decisions for yourself and your family.

1. What we mean by your medical information

Each time you visit a "healthcare provider" (this Center, and doctor's office, clinic or hospital) information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called Protected Health Information (PHI). This information goes into your medical or healthcare record or file at the center.

In this center this Protected Health Information is likely to include these kinds of information:

- Your history: as a child, in school and at work, marriage and personal history
- Reasons you came for treatment: your problems, complaints, symptoms or needs
- Diagnoses: a diagnosis is the medical term for your problems or symptoms.
- A treatment plan: a list of treatments or other services which we think will best help you
- Progress notes: each time you come in, we write down things about how you are doing, what we notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you
- Psychological test scores, school records or other reports
- Information about medications you took or are taking
- Legal matters
- Billing and insurance information

This list is just to give you an idea. There may be other kinds of information that go into you healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment
- To decide how well our treatments are working for you
- When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show you actually received the service from us which we billed to you or to your health insurance company.
- For teaching and training of other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve health care in this area of the country
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it. If you want a copy, we can make one for you, but we may charge you for the costs of copying and mailing. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend your record, though in some rare situations, we don't have to do that. If you want our Privacy Officer can explain more about this.

Psychotherapy notes are notes that your therapist may write which record the conversation between you and him/her during private counseling, group, joint or family session. These psychotherapy notes are protected by federal law and are for the therapist only.

2. Privacy and the laws

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA law requires us to keep your Personal Healthcare Information (PHI) private and to give you this notice of our

legal duties and our privacy practices which is called the Notice of Privacy Practices (or NPP). I will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time.

3. How your protected health information can be used and shared

When your information is read by us and used by us to make decisions about your care, that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we use and disclose it for routine purposes and we will explain more about these below. For other uses, we must tell you about them and have a written authorization from you, unless the law lets or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

4. Uses and disclosure of PHI in healthcare with your consent

After you have read this Notice, you will be asked to sign an Agreement form that shows you Consent to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for our services, or some other business functions called healthcare **operations**. Together these routine purposes are called TPO and the consent form allows us to use and disclose your PHI for TPO.

A. For treatment, payment or health care operations

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and use it and share it to care for you properly. Therefore you must sign the Agreement Form to give your consent before we begin to treat you because if you do not agree with the consent, we cannot treat you.

For treatment

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, education, or vocational testing, treatment planning, or measuring the benefits of my services.

We may share or disclose your PHI to others who provide treatment to you. We may share your information with your personal physician. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them.

Many health care providers will not engage in such *consent* based use of PHI for treatment and require active *authorization*. For this reason, if such disclosure is required, we will ask you to sign an authorization for release for limited purpose.

For payment

We may use your information to bill you, your insurance, or others so we can be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatment you have received, and the changes we expect in your condition. We will need to tell them about when we met, your progress, and other similar things.

For health care operations

There are a few other ways we may use or disclose your PHI for what are called healthcare operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

B. Other uses in healthcare

Appointment reminders: We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call you only at your home or your work or prefer some other way to reach you, we can usually arrange that. Just tell us.

Treatment Alternatives: We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and Services: We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business Associates: There are some jobs I hire other businesses to do for me. In the law, they are called our Business Associates. Examples include a copy service we might use to make copies of your health records or a billing service who figures out, prints, and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

5. Uses and disclosures that require your Authorization

If we want to use your information for any purposes besides the TPO or those described above, we need your permission on an Authorization form. Except as noted above under "For treatment," we don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information we have already disclosed with your permission or that we had used in our office.

6. Uses and Disclosures of Protected Health Information from mental health records that do not require a consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information.

When required by law

There are some federal, state, or local laws, which require us to disclose PHI.

- We have to report suspected child abuse
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. This involves us asserting, on your behalf, your right to privileged information
- We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal as the law requires.

For public health activities We might disclose some of your PHI to agencies which investigate diseases or injuries as the law requires.

Related to decedents We might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants, as the law requires.

For specific government functions We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we are required to disclose some of your PHI. This will only be provided to the persons required by law.

Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about whom you want us to tell what information about your condition or treatment. You can tell me what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would want and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

An accounting of disclosures

When we disclose your PHI we may keep some records of whom it was sent to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

Your rights regarding your health information.

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 for 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 to do our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't 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 look at the health information we have about you such as your medical and billing records. This excludes "psychotherapy notes" which are notes that your therapist may write which record the conversation between us during a private counseling, group, joint or family session. The "psychotherapy notes" are protected by federal law and are for your therapist only. If we decide to keep "psychotherapy notes," with regards to our treatment of you, an authorization from you will have to be provided if these particular notes are requested by another provider. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. 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 of the NPP from the Privacy Officer.
6. 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 health care we provide to you in any way.

Also, you may have other rights, which are granted to you by the laws of our state and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer, Alexander J. Baer, D.Min, 430 Braddock Avenue, Daytona Beach, Florida 32118 or by phone at 386-258-1618.

The effective date of this notice is January 1, 2006