

## **Benefits & Risks of Therapy**

The goal of Expressions Counseling Center, LLC is to provide the best possible service. While you can expect benefits from treatment, it is important to understand and accept that due to factors beyond our control, such benefits and desired outcomes cannot be guaranteed. A variety of methods will be used to provide relief of my symptoms, and to improve coping and problem-solving skills.

As stated, therapy can result in several benefits for you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Therapy requires your active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Therapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships, etc. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

## **Confidentiality & Patient Privacy Policy (H.I.P.A.A.)**

### **HIPAA (Health Insurance Portability and Accountability Act)**

For mental health services to be most effective, it is essential to have these services coordinated with other health care providers. Information will only be shared in accordance with the policies of Expressions Counseling Center, LLC, and your signed Release of Information Form. For any person or institution that is not directly related to treatment, payment of services or health care operations of Expressions Counseling Center, LLC, all protected health information will be kept confidential UNLESS you sign a specific authorization.

The information provided by you during therapy is legally confidential except as required by law. These exceptions are listed in the Utah Statutes (62a-3 & 4, 78-14a). Limited confidential information can be released without your consent in situations involving (1) suspected neglect or abuse of a child, or (2) suspected neglect, abuse or exploitation of a disabled adult, (3) life threatening danger to you or others, as in the case of suicide plans or threats against others, (4) the presence of a contagious disease, or (5) failure to pay your bill (in which case only the information needed for collection purposes will be released). Active-duty military may have different confidentiality rules in the case of a command directed evaluation. We will discuss this

with you before releasing any information. If these or other exceptions arise, we will identify them to you during therapy. In addition to these exceptions, you should know that we may seek consultation from other health or mental health professionals but will do so without revealing any identifying information.

You should also know that insurance companies will require some information about you, including diagnosis and occasionally detailed information such as assessments, progress notes, or treatment summaries. Your request to seek insurance reimbursement will be considered with your consent to release information to your insurance provider. If you file a worker's compensation claim, we are required to provide a copy of your record to the appropriate parties.

If you make your mental health an issue in a lawsuit, your records, including psychotherapy notes, may be subpoenaed by the court. For other court proceedings where you have not raised issues of emotional health, we will do everything possible to protect your record. If you wish to have us communicate information to others for any other reason, we will have you sign a consent to release information form. All consultations and releases of information will be noted in your clinical record.

### **Record Keeping**

In compliance with HIPAA regulations, we will keep records of your sessions. They are available to you upon request, though we retain the right to keep any assessment or testing measures we use as we are trained to utilize these measurements.

### **Emergencies**

During business hours, you may call or text me at 385-323-0618. Because our therapists are often with other clients, you may be connected to our voice mail. You may leave a confidential message for us. We check messages frequently and will return your call as soon as possible.

If you have a life-or-death emergency, please call 911. Please tell the crisis worker, doctor, or emergency professional that you are a client here and he or she can call your therapist.

Here are four additional resources:

- 1) The Suicide Hotline at 988 (Available 24 hours. English & Spanish).
- 2) Utah Crisis Line at 1-800-273-8255.
- 3) SafeUT Crisis Chat and Tip Line 1-833-372-3388 (SafeUT is also available in an app from the Apple store or Google Play store.
- 4) 911 or the nearest hospital emergency room.

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

Your medical records are used to provide treatment, bill, and receive payments, and conduct health care operations. Examples of these activities include but are not limited to a review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records are limited to the internal uses outlined above except when required by law or authorized by the patient or legal representative.

Federal and State laws require abuse, neglect, domestic violence, and threats of violence to be reported to Social Services or other protective agencies. If such reports are made, they will be disclosed to you or your legal representative UNLESS disclosure increases the risk of further harm.

Disclosed information will be limited to the minimum necessary. You may request an accounting for any uses or disclosures other than those described in sections 1 and 2.

You or your legal representative may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identifying the person authorized to request the release, specifying the information you want to be disclosed, the name and address of the entity you want the information released to the purpose, and expiration of the authorization. Any authorization provided may be revoked in writing at any time. Psychotherapy notes are not part of your medical record. We have 30 days to respond to a disclosure request, and 60 days to respond if the record is stored off-site.

You may request corrections of your record.

If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request a review of the denial. This review will be conducted by another licensed healthcare provider, appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.

You may request that we restrict uses and disclosures outlined in Section 1, however, we are not required to agree to these restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or by your legal representative orally or in writing, except when the disclosure is required by law, or in an emergency. We may also revoke such restrictions, but information gathered while the restriction was in place will remain restricted by such an agreement.

If you wish to complain about privacy-related issues, you may contact Christina Bastian, MA LCMHC at Expressions Counseling Center. You may also contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington D.C. 20201. In any case, there will not be any retaliation against you or your legal representative for filing a complaint.