

HIPPA AND INFORMED CONSENT

I _____, request that Felise De Novo, Licensed Professional Counselor #16133, provide services to me / us.

Print Name

- HIPPA and Confidentiality** - The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. A more complete text regarding HIPAA is available in the office and additional information is available from the U.S. Department of Health and Human Services at www.hhs.gov. I understand that Ms. De Novo values the privacy of her clients. However, I also understand Ms. De Novo is obligated by law and/or professional ethics to report threats to self or others, child, dependent adult, or elderly abuse or neglect, or client abuse by a service provider. Ms. De Novo is obligated to honor records requests made by subpoena. If I/we receive services paid for by a third-party contractor, I understand that Ms. De Novo will release information as agreed upon in the contract for services in order to obtain payment for my services. My record will not be available to persons other than office staff unless I sign an Authorization to Release and/or Request Information. Additionally, I understand that Ms. De Novo may have to divulge information from my file under defamation laws if slanderous or libelous statements involving me are made about Ms. De Novo and/or her service or in the event of a criminal or civil suit.
- Financial Agreement** - Payment for services is due prior to the session. **I am responsible for the payment of my services.** If my third-party payer declines my claim, my credit card will be charge for the balance plus credit card usage fees. I can seek reimbursement from my third-party payer. *No shows and cancellations with less than 24 hours' notice will be charged at the full rate and not be rescheduled unless paid in full.* This practice reserves the right to discontinue services to Medicaid managed care recipients who no show or cancel with less than 24 hours' notice.

Insurance	Policy #	Private Pay Family / Couples / Individual	Authorization #	Date of Birth
		\$98 / \$88 / \$78		

Credit Card

Expiration Date

CVV

Zip Code

I understand that I can discontinue my services at any time (unless mandated by court) but still need to give 24 hours notification, *even if dissatisfied*, in order to avoid being charged any fees. I understand that regular attendance is crucial to my therapeutic progress. Cases will be closed after 30 days of inactivity unless this practice deems your case qualifies for maintenance therapy.

- Services to Children** - I, the undersigned, am the legal parent or guardian, managing conservator, or person designated by the court to authorize clinical services for the following child(ren):

Child	Insurance	Policy #	Private Pay	Auth. #	DOB

- Hours of Operation** - Ms. De Novo's business hours are by appointment only. In the event of an emergency outside my practice hours, please call Center for Health Care Services Crisis Line at 210-223-7233, the United Way Helpline at 211, Suicide Prevention at 988, or 911 for general emergencies.

- Grievance Procedure** - I have a right to be treated with dignity and respect as does Ms. De Novo. *If my needs can be better met by another service provider, Ms. De Novo will let me know.* I have a right to review my record in Ms. De Novo's presence and insert a statement, if necessary. I agree to bring any concerns or complaints regarding privacy or anything else to Ms. De Novo's attention. It is Ms. De Novo's policy to strive for excellence in all aspects of client services and *is open to listening to any constructive suggestions.* However, she is not obligated to alter internal policies to conform to my request for changes to PHI or other policies. If I have a serious complaint which cannot be resolved with Ms. De Novo, I am free to contact the Texas State Board of Examiners of Professional Counselors at (800) 201-9353.

By signing below, I am indicating that I acknowledge and agree to the terms set forth above.

Client Signature _____

Client Signature _____

Date _____

Copy provided to Client?

Yes _____ No _____

Felise De Novo, MA, LPC, PC

Date _____