



POSITIVE FRAME OF MIND  
COUNSELING PLLC

## Office Policies

**Counseling is a collaborative process between you and a counselor to work on areas of life dissatisfaction and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. I can help you to promote insight and awareness; however, it is up to you to direct healthy and effective choices and/or changes. Counseling activities are governed by the Texas State Board of Examiners for Licensed Professional Counselors. I do not provide custody evaluation recommendation, nor medication or prescription recommendation, nor legal advice, as these activities do not fall within my scope of practice.**

### **Confidentiality:**

As a Licensed Professional Counselor Supervisor in the State of Texas, We are bound by the Texas Administrative Code, Chapter 681 and the Health and Safety Code, Chapter 611. In accordance with these rules, information obtained in the counseling session or in written form will not be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law, such as abuse or neglect of a child under 18, elder, or disabled person. This notification may include notifying the victim, notifying the police, or seeking appropriate hospitalization. I may also be required to provide information to the court if provided a court order. If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties. If I run into you outside of the counseling office, I will protect your confidentiality and wait for you to acknowledge me should you choose to do so.

### **Confidentiality**

**Our office protects the confidentiality of counseling sessions. A signed Release of Information form is required in order to release any**



POSITIVE FRAME OF MIND  
COUNSELING PLLC

**information about a client. All information between counselor & client is considered confidential unless:**

- A client presents a physical danger to self & or others
- The probability of client suicide
- Child/Elder/Disabled person abuse or neglect is suspected
- A judge signed court issues has been issued
- The client is a non-emancipated minor—in which case the parents or guardians have the right to access the client's records.

### **Consultation:**

Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals for the purpose of consultation and providing you the best possible service.

### **Electronic Transmission:**

I cannot ensure the confidentiality of any form of communication via electronic communication. Communication via e-mail is met for initial questions not ongoing communication. You are advised that any e-mail sent to me by a computer in a work place environment is legally accessible by an employer. I do not always check my e-mail daily. Please do not put client name in subject line as it violates HIPAA policy.

Services by electronic means, including but not limited to telephone communication, the Internet, fax machines, and e-mails is considered telehealth. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would be otherwise entitled.
2. All existing confidentiality protections are equally applicable.
3. Dissemination of any of your identifiable images or information from telehealth interaction to researchers or other entities shall not occur without your consent.
4. There are potential risks, consequences, and benefits to telehealth. Potential benefits include, but are not limited to improve communication capabilities, providing convenient access to up to date information, consultations, support, reduced costs, improved quality, change in conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel



POSITIVE FRAME OF MIND  
COUNSELING PLLC

costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations or clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, and noteworthy mannerism or gestures, physical or medical conditions including bruising or injuries, basic grooming and hygiene, including appropriateness of dress, eye contact, sex, chronological age, ethnicity, facial and body language, and congruence of language and facial or bodily expressions. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

## **Audio or Video Recordings:**

*PFOMC does not allow recording of counseling sessions. By signing below you agree that neither you nor I will record any part of the sessions unless you and I mutually agree in writing that the session will be recorded.*

## **Risks:**

In counseling, major life decisions can be made (i.e. decisions to end a relationship or marriage, changing employment settings and/or changing lifestyles. The decisions are a legitimate outcome of the counseling experience as a result of an individual's calling into question many of their beliefs and values. Furthermore, symptoms could be intensified and the emotional experience may be disruptive. I will be available to discuss any of your concerns or possible negative side effects in our work together. There is no guarantee of what you will experience in counseling.



POSITIVE FRAME OF MIND  
COUNSELING PLLC

## **Emergencies:**

If an urgent emergency situation for which you feel immediate attention is necessary, please contact emergency services (911) immediately. Also available to you is the 24-hour Helen Farabee Crisis Hotline 1-800-669-4166, or go to the nearest emergency room. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of injury to self or others. I will follow those emergency services with standard counseling and I am available to be called at (940) 613-1661 - please indicate when a call is urgent as calls are returned during normal business hours. Keep in mind that while I may be in the office I do not answer the phone while in session with a client. If I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself others and to ensure that you receive the proper medical care. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary. Please do not use e-mail and faxes for emergencies.

## **Termination:**

If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and if I have your written consent, will provide him or her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other professionals whose services you might prefer. If no appointment has been engaged in after three weeks, the client's chart will automatically be closed due to elopement from treatment.

## **Process of Keeping/Sending Records**



POSITIVE FRAME OF MIND  
COUNSELING PLLC

### **Health Insurance & Confidentiality of Records:**

If you want your EAP or insurance to pay for part of your treatment, I must be able to discuss your diagnosis and treatment with their representative if they contact me for additional information. I have no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk of confidentiality or privacy.

### **Records:**

I am required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply. I can be called to testify about the contents of the records and I must comply. Also, in order to file for insurance reimbursement, I have to assign you a diagnosis. If you have any questions about this, please let me know. I will certainly share any information with you that I provide to an insurance provider. If records are requested for any purpose, my policy is to provide an appropriate summary as records can be misinterpreted.

### **Authorization for Care of Client Records**

In event of the incapacitation or death of my counselor, I authorize the person my counselor has selected to manage my file/records to contact me and assist me in continuity of care, payment, and/or resolving my files/records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Professional Relationship with my counselor**

I understand and acknowledge that my relationship with my counselor will be held in a professional manner as a means to promoting a therapeutic environment. I understand that business, electronic communication besides professionally related, social media, or outside relationships between myself and the counselor is not allowed as this poses a risk to myself and my counselor. These statements directly relate to policies within the TX State Board of Examiners of Professional Counselors Code of Ethics.

### **Consent for Treatment**

I certify that I have read this agreement and understand the office policies and give my consent for Positive Frame of Mind Counseling, PLLC to provide me with counseling services. Individual sessions are either 45 to 60 minutes in length. The



POSITIVE FRAME OF MIND  
COUNSELING PLLC

process of treatment involves allowance of change, which often begins with identifying the problems, then processing and working through your thoughts & feelings, development of new skills and allowance for positive attitudes for self and others. A variety of techniques will be used from a multitude of theoretical origins dependent on your needs: Cognitive behavioral, relaxation/imagery, gestalt etc. Referrals for medication evaluation or for psychological testing may be made to assist us in the best treatment possible. It is your right to know your diagnosis and treatment plan, which will be made available after the second session.

*PFOMC follows the WFISD cancellation/closing status when it comes to winter weather and/or severe weather conditions. This is to ensure the safety and welfare of all clients & their families.*

**I have read, understood, agree, and consent to the above conditions of service stated. I have also received the notice of privacy practices on this date and have had the opportunity to ask questions about and understand these policies.  
Client Signature Date**

**(\*\*For Minors Only) I hereby grant permission to**  
\_\_\_\_\_ **to counsel/assess my child,**  
\_\_\_\_\_.

Client Signature

\_\_\_\_\_ Date \_\_\_\_\_

Signature of personal representative for client

\_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature

\_\_\_\_\_ Date \_\_\_\_\_

If you wish to file a complaint against my Licensed Professional Counselor Supervisor, I may write to Complaints Management & Investigative Section—PO Box 141369, Austin, TX 78714-1369