



WATERSHED
COUNSELING AND CONSULTING

Authorization, Information, & Consent for Treatment

Laura Clark, M.A., Candidate for Licensure

The following information is provided to our clients to assist them in understanding the policies and procedures of our office. We strive to provide care that is both affordable and of the highest quality. Please do not hesitate to ask questions at any time.

Scheduling Appointments: To make an appointment with Laura, visit the Watershed website to schedule online, email laura@thewatershedcc.com, or call Laura directly at 423.403.4603 and leave your name, a brief message, and your call will be returned as promptly as possible. Please make sure your voice-mailbox clearly identifies that it is yours by name, and there is adequate space to leave a message. Unless your mailbox is clearly identified as yours, I cannot leave you a message when returning your call. Appointments are on Eastern Time. As a courtesy, we will usually text and/or email you before an appointment as a reminder. You are responsible for your scheduled time whether we are able to remind you or not. Twenty-four (24) hour notice is required if you must cancel your reserved time. Otherwise, late cancellations or no-shows will be charged the rate of \$110.00 plus a \$5.00 convenience fee if paying by card. Clients arriving late to appointments are responsible for the full session fee even when sessions begin late. In case of inclement weather (e.g., snow and ice), please call the office to determine if we will be open.

Fees and Payment: (See No Surprise Act for Table of Services & Fees) The fee for a 50-minute session is \$110.00. Cash, personal checks, debit cards, credit cards, and health savings account cards are all accepted. All card charges will include a \$5.00 service fee. It is the policy of Watershed Counseling and Consulting that the session fee is to be paid at the end of each session. After your first session, your card may be kept on file for ease of payment at the end of each session. There will be a \$25.00 processing fee for all returned checks. An invoice or receipt is available if you request one. Watershed counselors do not participate with insurance or as an out-of-network provider. As a pre-licensed mental health counselor seeking licensure, I am not qualified to be a part of any court ordered or legal process.

Fee Payment Agreement:

I understand and agree that I will be charged for and required to pay for missed appointments, or any appointments to which I arrive late, at the full session fee, if not cancelled at least 24 hours in advance. A 50-minute session fee is \$ 110.00.

Signature of adult client or parent/legal guardian if under 18

Date

Communication Security: Your confidentiality is of the utmost importance to us. Outside of the counseling room, our communications may include telephone, texting, email, snail mail, and online scheduling. When communications are “secure,” as is the case with an encrypted email sent from Hushmail, it indicates that there are means in place to keep things private. Front to back-end encryption means that the sender and receiver are both operating on a secure & private channel. Telephone conversations and online scheduling are not able to be secured at this time, so keep this in mind when choosing to utilize these means of communication. It is Watershed’s policy, in compliance with HIPAA, to not send a client’s PHI (protected health information) over unsecured channels. PHI would include any “personally identifiable” health data. If you, as a client, wish to send your PHI to us, please do so through an encrypted email using Hushmail.

I accept and affirm Watershed’s policies regarding secured communications pertaining to my PHI. My initials indicate that I accept, understand, and assume the risk of telephone calls, video chatting, texting, emailing, and online scheduling that is not sender-receiver-sender encrypted.

_____ (initials)

Emergencies and After-Hours Communication: After office hours, if your situation is a medical emergency, please call 911 immediately or your local emergency services for assistance. Should you call or email me between appointments, please provide a clear message and include your return contact information. Your call or email will be responded to as promptly as possible, generally between 24-48 hours.

Supervision: I, Laura Clark, hold a Master of Arts degree in Clinical Mental Health Counseling from Richmond Graduate University and am actively seeing clients as a Candidate for Licensure in the State of Tennessee. I am employed by Watershed Counseling and Consulting which provides me with an appropriate clinical setting, further professional development, and weekly supervision as I accumulate direct client hours and supervision required for me to eventually be licensed in Tennessee. Once licensed, I will be able to practice on my own as an independent practitioner. My supervisor is Steve McIlvaine, M.A., LMFT, LPC-MHSP, and Approved Supervisor in TN. Steve has 39 years of clinical experience and has been supervising recent graduates from their master's programs, like me, for 34 years. His contact number is: 423.556.0305.

Privileged Communications: Mental Health Providers like me have a strong privileged communication law in Tennessee, which carries virtually the same legal status as that of attorney-client. As the client, your disclosures and communications are considered privileged and confidential, and your records are protected under federal and state regulations governing

confidentiality and cannot be disclosed or released without your written consent unless the following circumstances are believed to or do exist; (1) where the abuse or endangering neglect of children, the elderly, or the disabled or of incompetent individuals is known or reasonably suspected; (2) where the validity of a will of a former client is contested; (3) where such information is necessary for the counselor to defend him or herself against a malpractice action brought by a client; (4) where an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor; (5) in the context of civil commitment proceedings, (6) where an immediate lethal threat of self-inflicted harm is disclosed to the counselor; (7) where the client, by alleging mental or emotional damages in litigation, puts his or her mental state at issue and the clinical record is required by the court, (8) where the client is examined pursuant to a court order, and (9) within the process of supervision and/or peer consultation, where I will need to review “non-identifying details” of your case with other counseling professionals. With the foregoing exceptions in mind, all aspects of your record are kept private, confidential, and privileged unless you specifically sign and authorize a release of information divulging information from your clinical record.

Your Informed Consent to Receive Care:

Intake Interview: The intake interview is an opportunity for us to begin the work of identifying and evaluating the situation you are presenting. The main goal of this initial interview is to match your identified needs with the most helpful resources available. Occasionally, this will mean a referral to another therapist at Watershed, Elbow Tree Group, or an outside professional or agency. If an outside referral is deemed appropriate, Watershed will make every effort to connect you with the therapeutic resources best suited to meet the needs with which you initially present.

Limitations of Services: I understand that Watershed’s services are limited to psychological and spiritual evaluation, assessment, consultation, and intervention. I understand that interventions may include consultation, counseling, and psychotherapy oriented toward helping you face life’s challenges from a biblical point of view. I understand that Watershed does not promise a cure or offer any guarantee of results or improvement of any condition or situation. I understand that while Tennessee law may permit minors sixteen years and older to consent to mental health care without parental consent, Watershed does not treat minors without parental permission or authorization.

Assumption of Risks: I understand that the potential risks of undergoing psychological and/or counseling services may include limited precision of psychological assessment procedures, possible disagreement with the opinions offered to me, and possible increased emotional distress concerning my situation. I also understand that any court order requiring me to obtain psychological services is an obligation solely between myself and the courts and NOT the provider. I accept full responsibility for payment of all charges rendered under such obligations.

Complaint Procedures: If you are dissatisfied with any aspect of our work, please inform Katie Burns, director of Watershed Counseling and Consulting, immediately. This will make our work together more efficient and effective. If a problem arises requiring a legal remedy to solve, the

client agrees to solve all problems through the means above or independent mediation and not in the pursuit of formal litigation. Complaints should also be registered with the Tennessee Department of Health, Attn: Office of Investigations, 665 Mainstream Drive, 2nd Floor, Suite 201, Nashville, TN 37243, (1.800.852.2187).

Patient Authorization & Consent for Treatment

You have been provided with the above information, fully informing you about the policies of our office and some of the parameters of the care you will receive. Psychiatric and psychological care, like other things in life, offer no absolute guarantee of success and there are limitations to any form of care offered to a client. Since such limitations are always a function of the unique situation in question, an individualized treatment plan will be constructed and discussed with you. Please discuss any questions you have regarding these policies and/or procedures with me.

By signing below, you are acknowledging that you have read, understood, and are fully consenting to the policies and procedures of Watershed Counseling and Consulting. Your signature acknowledges your complete authorization for treatment and informed consent for care.

Signature of adult client or parent/legal guardian if under 18

Date

Witness

Date

PATIENT NOTIFICATION OF PRIVACY RIGHTS:

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of client records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide clients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers. As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. The Patient Notification of Privacy Rights document, provided to you, is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what client protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and as such, you will find we

