

Owasso Counseling

13720 E. 86th St. N. Ste 170
Owasso, OK 74055

Laura Long, MA, LPC-S, C-PD
(918) 698.2281

Fees: \$135 for 50-minute session

Credit Card Guarantee: To ensure services are paid in full, a guarantee authorizing your credit card to be charged for: Session fee, missed appointment fee, and any remaining balance will be charged.

Payment: Payment is to be collected prior to the beginning of session. Acceptable forms of payment are Cash or credit card. There will be an insufficient fund fee of \$50 for any returned check/credit card charge.

I do accept some insurance. Please confirm with your insurance company that I am in-network for you. This is your responsibility and any service not covered by your insurance are expected to be paid in full.

Payment for additional services: Fees for any additional services that I am requested or required to provide are billed at \$135.00 per hour. This includes phone conversations in excess of 10 minutes, legal issues, emergency situations, record preparation and review, consulting with other care providers, etc. A fee of \$500 in addition to the hourly rate will be required for court appearances and paid in advance.

Cancellation or Missed Appointment: Payment is required for any appointment missed or cancelled with less than 24 hours' notice unless appointment is rescheduled in the same week. Rescheduling is only possible if there are openings available and should not be expected. Payment for missed appointments must be made prior to your next appointment.

Appointment times: Session time begins at the time scheduled. If you arrive late, we will still end on time to be respectful of the client with the appointment following yours. If I begin a session late with you, you will be given the full length of time. I respect your time and will try to begin at your scheduled time. Occasionally, I may be behind due to unforeseen circumstances.

Sick Policy: Please do not come to session if you are ill. Virtual appointments are available if you feel well enough to benefit from holding your session in this fashion. Please cancel or make other arrangements with 24-hour notice.

Drug/Alcohol: There is **NO drug/alcohol impairment allowed** during session. If you come to your session impaired by drugs or alcohol, then **services will not be provided** and you will be charged the full session fee.

Emergency: If you experience an emergency you need to **call 9-1-1 or 988 Suicide and Crisis Lifeline or COPES 918.744.4800**

Informed Consent

Counseling Services and the Therapeutic Relationship:

The therapeutic process is different for everyone and is individualized for each. For some, issues are quickly resolved. For others, the time it takes to get relief can be slow, painful, and frustrating. The relationship between a counselor and client requires honest communication even when uncomfortable.

- The commitment on the part of the counselor is to be a trustworthy, professional, and objective person that the client can gain assistance from in order to work through personal and relational struggles. The counselor draws from a number of theories dependent on the client's needs.
- The client is responsible for following through on necessary changes and completing tasks in order to reach desired goals established within the counseling process. By its very nature, the relationship with a counselor invites exploration into painful subjects which may cause hurt and anger to the surface. This same process is designed to facilitate healing from pain.

Termination of Services: Because of the importance of the therapeutic relationship to the success of treatment, there are times when either party may decide it is best to terminate treatment. If during the course of treatment, I determine that I cannot be of benefit or that the relationship is not therapeutically appropriate, I will give you a referral to someone that might be better suited to meeting your needs. It is your decision whether you wish to phone the referral or to seek other services of your choice. Of course, it is always your prerogative to end services at any time you choose. I do request that we discuss concerns that you have if you are ending services before your goals are met. Termination may also happen naturally as your goals are met and we will work together to bring closure to the relationship.

Confidentiality: Records and personal information obtained during the course of treatment are protected by HIPAA (Health Insurance Portability and Accountability Act), and all discussions between a counseling professional and client are strictly confidential, except where limited by law. Information is NOT confidential and MUST be reported when a client states a desire to harm himself or someone else, when abuse of a minor or elderly person is disclosed, or when a court orders the release of information. In situations where your personal safety or another person's safety is at risk, I may also contact the person you have listed as an emergency contact to assist with protecting your safety or facilitate assisting with gaining appropriate medical care or intervention. General information about you may be used in order to collect fees that remain unpaid by a client.

For clients under the age of 18, your legal guardians have a right to your records and general information. The details of specific conversations remain confidential except where limited by law. Records and personal information obtained during the course of treatment are protected by HIPAA and no information about you or the client over whom you have guardianship will be released without your written consent unless mandated by law.

Communication: You may contact me by phone, email, or text for scheduling purposes. I do not engage in dialogue concerning counseling issues by text or email. Therefore, I only respond to emails and texts that are regarding scheduling. I do not function as an immediate crisis counselor but by appointment only. If you have an emergency, please follow protocol by calling 911, 988, or going to your nearest emergency room immediately for assistance. If you contact me after business hours or weekends, I will return your call on the next business day.

Please know that email, voicemail, and text communications are not secure and may cause privacy to be compromised. There are permanent records of these communications on phone bills and server logs.

I do not communicate with any client via any social media for the protection of your privacy. I will not accept or attempt to be friends with any clients on any social media site.

Children: At least one parent and/or legal guardian must consent for treatment for minor children and at least one parent and/or legal guardian must remain on the premises during treatment.

- Laura Long, MA, LPC, IS NOT a child-custody expert/evaluator and therefore is not qualified to make determinations in divorce or custody matters. There are professionals who function in this capacity and a referral will be provided if those types of services are required.

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

It is the policy of the Oklahoma State Department of Health (OSDH) to keep all of your medical and personal information confidential. We will only use or disclose your information for the following purposes:

Treatment: We will share your medical information with other medical providers who are involved in your care (including hospitals and clinics), to refer you for treatment, and to coordinate your care with others. You and all parties involved in therapy of legal age must give written consent to coordinate care unless there is a medical emergency.

Payment: We may use and disclose PHI when it is needed to receive payment for services provided to you. For example, if you have Medicaid or insurance benefits, we will release the minimum information necessary for those entities to pay us.

Health Care Operations: We will use and disclose PHI when it is needed to make sure we are providing you with good services. For instance, we may review your records in order to make certain quality service was given.

Other uses or disclosures of your PHI that may occur include:

- If you have given us permission in writing to release part of your information.
- When ordered to do so by a valid court order.
- When cases of child abuse or neglect are investigated.
- Immunization information is shared with schools and childcare centers.
- When business associates of OSDH, such as community clinics, sign agreements to protect your privacy.
- The Sooner Start program shares information with the State Department of Education.
- When required by state law, for instance, when reporting injuries and disease as required by the Public Health codes or to prevent the spread of diseases such as tuberculosis (TB) or when reporting suspected child abuse or neglect to the Department of Human Services.
- We can share your information with anyone as necessary, consistent with Oklahoma law and the Oklahoma State Department of Health's policies and procedures, if we feel there is imminent danger. For example, we will release the minimum information necessary if we believe it will prevent or lessen a serious and imminent threat to the health and safety of person or the public.
- Also, when services are provided to children less than 18 years of age, information will be shared with the state Joint Oklahoma information Network (JOIN) This is done to help us improve the services given to children. However, no one can use your child's information unless you have given permission in writing.
- In case of a severe disaster, we can disclose your information. For example, as a result of a tornado you are displaced and in need of healthcare, you may need ready access to health care and the means of contacting family and caregivers. We can disclose your information for the following reasons: **EMERGENCY COORDINATION:** We will share your medical information with other medical providers who are involved in your care to coordinate your care with other (such as emergency relief workers or others that can help in finding you appropriate health services).

Notification: We can share your information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for your care or your location, general condition, or death. For example, if it is necessary, we may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to your location and general condition.

Your rights

You have the right to:

- Receive a list of persons or organizations, other than those listed above to whom we released you information.
- Request limits on how your information is used or disclosed; however, we are not required to agree to those limits.
- Ask that we not contact you at home.
- Inspect and copy your medical records except in cases involving certain psychotherapy notes.
- Amend incorrect information in your medical record.
- Revoke your written permission for release of information.
- Receive a paper copy of this privacy notice.

Our Responsibilities:

Federal law requires the Oklahoma State Department of Health and its entities to:

- Maintain the confidentiality of your protected health information.
- Provide you with a copy of this notice
- Abide by the terms of this notice.
- Only change this notice as permitted by federal rules.
- Provide you with a way to file complaints regarding privacy issues.

For further information regarding this notice and your rights, or to report any complaints privacy issues, contact:

HIPAA Privacy Officer

Community Health Services

Oklahoma State Department of Health

1000 NE Tenth Street

Oklahoma City, OK 73117-1299

(405) 271.5585

Owasso Counseling
Credit Card Authorization Form

Name on card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip Code _____

Phone number _____

Email address _____

Authorized charges for session fee, missed appointment fee and remaining balance.

By signing this form, you authorize Laura Long, MA, LPC, Owasso Counseling, to bill your credit card when necessary for the charges listed above. Following HIPAA guidelines, this information will be kept confidential behind the required two-lock system. Only the authorized therapist will have access to this information. It will not be stored electronically in any form, and will be destroyed upon termination and balanced closed.

Your credit card that you provide will be charged for any remaining balance upon termination or past due notice.

Signature of Client

Consent for Treatment

I acknowledge I received a copy of the policies and procedures and I agree to allow necessary information to be used for billing purposes.

I have read and understand the guidelines for services and consent voluntarily for services described.

DATE: _____

Print name

Client signature

Print name

Client signature

Minor signature

Guardian signature