KRISTIN WARREN MA, LPC, LMFT, LCDC
LICENSED PROFESSIONAL COUNSELOR * LICENSED MARRIAGE & FAMILY THERAPIST * LICENSED CHEMICAL DEPENDENCY COUNSELOR

Welcome

Welcome to my private practice and thank you for choosing to work with me. My role as a therapist is to help you recognize your needs and wants, and to offer you support during the process of healing and growth. My therapeutic philosophy is a strength-based approach that is based on my belief that you are the expert of your life. We will work together to discover the best way for you to find answers to your problems. I look forward to our work together.

Credentials and Services

In my private practice I provide services to individuals, couples, families. I have met the requirements set by the Texas State Board of Health for Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT) and Licensed Chemical Dependency Counselors (LCDC). I hold a Bachelor of Arts degree from the University of Texas at Dallas in Psychology. I have a Master of Arts degree from Harding University with an emphasis in Marriage and Family Therapy.

Office Policies and Procedures

Please read and review carefully all the following information signing where it is indicated. These informational documents outline your rights of confidentiality as a client and my role and responsibility to you. I will provide you with a copy of all signed documents at your request. Individuals who have seen a therapist in the past may find forms that are not familiar. One difference is the HIPPA form, as therapists have not been required to have a HIPPA form on file. However, we are now required to keep HIPPA forms on file.

2810 Canton St. Dallas, TX. 75226 | (214) 702-1279
kristin@kw-counseling.com

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Confidentiality and Informed Consent

The therapeutic relationship requires complete confidentiality between client and therapist. Information about clients, including case notes and records are confidential and are the property of Kristin Warren MA, LPC, LMFT, LCDC. In the event of my being unable to perform professional services, i.e., death or extreme disability, one of my colleagues, Elissa Riesenfeld LPC, will safeguard your file according to state and national ethics rules and regulations.

The Texas Health and Safety Code has established the following limits of confidentiality. You should be aware of these **exceptions to confidentiality:**

1. You provide consent to release your records or to share information regarding your treatment.
2. You are at risk of imminent serious harm to yourself or others*;
3. You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person;
4. You disclose sexual misconduct of a physician or therapist;
5. Information is requested by your insurance company pertinent to processing claims for payment;
6. A court order is received to disclose information (e.g. child custody or mental competency cases);
7. You file a complaint with a licensing board or in cases of a malpractice suit; records will be released to the Board and/or legal counsel.

*In the event that you are deemed an imminent danger to yourself or others, your therapist has a professional duty to contact the proper authorities. ***Medical and/or law enforcement officials may be notified with or without your consent.***

By signing below, you are stating that you have read and understood the rules of confidentiality.

______________________________	______________________________
Signature of Client	Date
______________________________	______________________________
Signature of Client	Date

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Patient Privacy Notice (HIPPA)

You may have the right to have us amend your protected health information - This means you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

How We May Use or Disclose Protected Health Information

Following are examples of use and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

For Treatment - We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose protected health information to other physicians who may be involved in your care and treatment. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

For Payment -Your protected health information will be used, as needed, to obtain payment for our health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Healthcare Operations - We may use or disclose, as needed, your protected health information in order to support the business activities of our practices. This includes, but is not limited to business planning and development, quality assessment and improvement medical review, legal services, and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance related activities. Additionally it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

Other Permitted and Required Uses and Disclosures

We may also use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

To others Involved in Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

As Required by Law - We may use or disclose your protected health information to the extent that the law requires the use or disclosure.

For Health Oversight - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

In Cases of Abuse or Neglect - We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, file disclosure will be made consistent with the requirements of applicable federal and state laws.

For Legal Proceedings - We may disclose protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Required Uses and Disclosures - Under the law, we must make disclosures about you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Please answer yes or no and circle your wishes stating that you understand that, and consent to the following appointment reminders that may be used by the Provider:

_____ **Yes** _____ **No** - You **may/may not** leave a message with anyone who answers my home phone.
_____ **Yes** _____ **No -** You **may/may not** leave a message with anyone who answers my home phone but do not divulge the message relates to counseling.
_____ **Yes** _____ **No** - You **may/may not** only leave a message with:___________
_____ **Yes** _____ **No** - You **may/may not** leave a message on my work voicemail.
_____ **Yes** _____ **No** - You **may/may** not leave a message with someone answering my work phone but do not divulge the message relates to counseling
_____ **Yes** _____ **No** - You **may/may not** contact me by email at my personal email account
_____ **Yes** _____ **No** - You **may/may not** contact me by email at my business email account
_____ **Yes** _____ **No** - You **may/may not** contact me and leave a message on my cell phone.
_____ **Yes** _____ **No –** You **may/may not** send text messages to me.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Manager of your complaint.

By signing below, you confirm that you have read the above information regarding your Private Healthcare Information.

_______________________________________ ____________________
Name of Individual (Printed) Date

____
Signature of Individual

__________________________ ______________________________
Signature of Legal Representative Relationship to Client
(E.g., Attorney-in-fact, Guardian, Parent if minor)

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Fee Agreement and Payment

I accept cash, checks, credit cards, and BCBS insurance (see below). Payment is required at the beginning of the session to respect the time of following sessions. Sessions are $85 per 50-minute session. Longer sessions are available on a case-by-case basis and will be billed based on the amount of time in session.

Insurance

I am an in-network provider for Blue Cross and Blue Shield of Texas and can bill BCBS for the covered portion of the session fees. You will be responsible for paying the out-of-pocket (or deductible) portion of the fees at the time of the session. If it is determined by BCBS that any fees are not covered under your plan, you will be responsible for paying the remaining balance at the time BCBS makes this determination.

Other Payment Options

I am committed to working with you and I have placed a fair market value on the services I provide. However, I do not want an insurance company's allowed sessions, a job loss, or other crisis to impede the therapeutic process. Consequently I offer a sliding fee that is available to my clients based on need and circumstances. The sliding scale ranges from $50.00-$75.00 per 50-minute session and will be negotiated between client and therapist.

There is a $25.00 fee for any checks returned by your bank.

Court Action Policy and Fees

Clients are discouraged from having Kristin Warren, MA, LPC, LMFT, LCDC subpoenaed or having her provide records for the purpose of litigation. I am trained as a family therapist and my work and therapeutic philosophy comes from non-adversarial position. I have not been trained forensically or with the expertise to appear in court.

I am unable to guarantee that any testimony that I am required by law to give will be solely in your favor. I can only testify to the facts of the case and my professional opinion.

If Kristin Warren, MA, LPC, LMFT, LCDC is to receive a subpoena then the attorney or office staff will need to call my office and set up a time for the subpoena to be served during office hours. I request a minimum of 72 hours notice of any Court appearance so that schedule changes for my clients can be made within a reasonable time frame.

Please note: if a subpoena is received without a minimum of 72 hour notice there will be an additional $250 express charge.

<u>Court action fees are as follows</u>:

1. Preparation Time: $125 per hour
   (billable in 15-minute increments)
2. Phone Calls: $125 per hour
   (billable in 15-minute increments)
3. Filing Document with court $100
4. Minimum charge for court appearance $1,000.00 for half day
   $2,500 for full day
5. Attorney fees: I agree to pay all attorney's fees and costs that are incurred by Kristin Warren as a result of any court action.
6. Retainer: A retainer of $1,000.00 is due at least 72 hours before the scheduled appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt.

If a therapist is subpoenaed and the case is reset with less than 72 hour notice prior to the beginning of the day of the scheduled subpoena and or testimony is not given then the client will be billed $1,000.

Bills for court related actions are presented to clients on a weekly basis and payment is expected upon receipt. A zero balance will need to be kept at all times.

__________________________________ ____________________
Client Signature Date

Other Important Information About My Practice

Office Hours

My office hours vary throughout the week. I am available by phone or email to schedule an appointment.

Appointments

I will make every effort to make appointments that are convenient for you. Appointments are made on the hour and are 50 minutes in duration. The frequency of appointments will be discussed at the first session.

Therapist/Client Communication

Charges will be made for client initiated telephone calls that exceed fifteen minutes, as well as letters, or reports requested by you. The rate for phone calls, letters or reports will be prorated depending on the length of the call or preparation time.

I do not conduct therapy via electronic means (i.e. email or text). I believe that your confidentiality is violated in the process and emails and text are subject to subpoena if part of your file. However, I am happy to do appointment scheduling via email.

Cancellation Policy:

If you find it necessary to cancel an appointment during normal business hours, please leave a message at (214) 702-1279 or by e-mail at kristin@kw-counseling.com. You may also leave a message at any time day or night, weekends or holidays.

You will be charged for appointments missed without 24-hour notice of cancellation unless it is an extreme emergency.

****Please Note:**

If you are using insurance benefits to pay for sessions, insurance companies do not reimburse for missed appointments. Therefore if a client is being seen through insurance the fee for a missed appointment without 24-hour notice is the reimbursed rate that the insurance company pays and not the co-pay.

Emergency Calls

I do not use an answering service and I check my voice mail several times during the day and during the weekend. You may reach me by cell 214-702-1279 during the weekend if there is an emergency.

If there is an extreme life threatening emergency you will need to call 911 or go to the emergency room of the nearest hospital.

The following numbers may also be helpful:

- **Crisis Hotline: 972 233-2233**
- **Suicide Hotline: 214-282-1000**

Snow/Ice Days – Emergencies

My office will be closed if the Dallas Independent School District (DISD) closes school due to weather conditions. However, if there is snow or an icy condition, I want you to feel safe. You may call to cancel your appointment and the 24-hour notification policy will be waived.

Responsibility for Treatment

As with any other procedure, psychotherapy involves some risks. Whenever you make significant changes in your lifestyle, outlook or habits, your life and the lives of those with whom you are closely involved will be affected. While the purpose of psychotherapy is to make changes, you will want to consider the consequences that might arise. Whatever changes you make will be both

your choice and your responsibility. If you become concerned about the course of your therapy, please let me know so that you can have the course of treatment best for you.

Ending Therapy

The end of therapy is an important process. It is a time to review, to recognize progress, to note areas in which you want to continue growth. It is also a time to receive feedback and encouragement. When you are ready to discontinue therapy, please discuss this at the beginning of your appointment in order to have therapeutic closure.

Complaints and Grievances:

I make every effort to provide services that are pleasing to you. If you believe I have failed to provide satisfactory care or have acted unprofessionally or unethically, please let me know, so I am able to correct this. To file a grievance with my licensing boards, you may write to:

Texas State Board of Examiners of Professional Counselors
1100 W. 49th St.
Austin, Texas 78756.

Texas State Board of Examiners of Marriage and Family Therapists
1100 W. 49th St.
Austin, Texas 78756.

Licensed Chemical Dependency Counselor Program
Texas Department of State Health Services MC-1982
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347

Agreement

I have read the above and accept the foregoing policies. A copy of this form is valid as the original. I certify that I am an adult over sixteen years of age and consent to the above conditions for therapy.

______________________________ ______________________
Signature Date

______________________________ ______________________
Signature Date

______________________________ ______________________
Signature Date
(Parent, guardian, legal representative)