

AnnChristine Johnson Counseling

AnnChristine Johnson, LMFT

(615) 715-4327

annchristine.johnson@gmail.com

Practice Policies

Fee and Appointment Policy:

I am committed to offering the highest quality, professional counseling services. My fee for services is based on a sliding scale of \$70 - \$125 per clinical hour (50 min.) Along with the proper documentation, the sliding scale fee is derived from \$1 per every \$1000 of household income based off the income of the payer of the session, with the minimum being \$70.00 and the maximum being \$125.00. Any fees I may incur for returned checks when processing your payment will be billed back to you, so please be sure you have the necessary funds available when choosing your method of payment. Payment is required at the beginning of session. Personal checks, cash, and credit cards are accepted. A \$5 discount is offered for those who may pay with cash or personal check.

A session is based on a 50-minute hour. When working with children, I will spend the first several minutes of session with the parent to collect payment, schedule future appointments and advise about progress of therapy. If you would like to discuss a concern, please schedule an appointment outside of your child's appointment time.

Cancellations must be made 24 hrs. in advance; otherwise you will be billed for the full hour. Because the appointment is reserved for you, it is required that you communicate cancellations or rescheduling needs at least 24 hours in advance of your scheduled appointment. **The full rate is charged for missed appointments or cancellations within 24 hours.** Scheduling and cancellations can be communicated by call, text or e-mail.

If home visits are required, a flat fee of \$100 per hour would apply in addition to travel time and transportation expenses. If copies of the psychotherapy notes are requested there will be an administrative fee of \$10.00 per page assessed.

Confidentiality:

Professional ethics and TN State law indicate that confidential information is controlled by the client. This means that, as a general rule, information shared in session with a therapist will be held in confidence. There are several exceptions to

this general rule.

1. Confidentiality is waived when a client is a danger to self or others
2. If you indicate that you are involved in the abuse of a child, minor, elderly adult, disabled person, or animal, I am required by law to report these activities to the appropriate office. I am also required to report cases of domestic abuse. Once filed, I am unable to safeguard the privacy of the information released.
3. Confidentiality is waived if a lawsuit is brought against the counselor.
4. If you file a complaint against me, I may disclose relevant information regarding that client in order to defend myself.
5. If you become involved in a court proceeding, the court may use the power of subpoena to gain access to information that you have shared with me. Although it is my policy to limit our involvement in legal proceedings as much as possible, under court order I may be required by law to provide written or verbal testimony to the court.
6. Confidentiality is limited if counselor must engage collection agencies for the purpose of receiving payment for services rendered.
7. Confidentiality is limited for purposes of professional consultation between counselor and other practicing therapists.
8. If your fees are being reimbursed by an insurance or managed care company, you should know that such companies often ask that treatment information be shared with them as part of their review of services. Typically, these companies have their own policies and procedures for safeguarding your privacy. However, once I have released the required information to any such company, I can no longer assume responsibility for preventing the dissemination of the information that has been released.

When working with minors, I will not share the content of session with parents/guardians, unless the content must be shared for safety reasons or if my clinical judgment warrants sharing content for the welfare and health of the minor. I will discuss progress and treatment plans in general terms with parent/guardians while still maintaining the trust and confidentiality of the child. Parents are encouraged to be an active part of therapy.

Professional Services:

I am available for appointments at select times throughout the week. The phone number where I can be reached is (615) 715-4327. You can also reach me by email at annchristine.johnson@gmail.com. I will make every attempt to call or email you back within **48 hours**. Electronic communication may only be used for scheduling or questions about appointments. Also, please note, all communication via e-mail or text messaging that goes beyond basic communication regarding scheduling will be printed out and placed in your file and limitations of confidentiality regarding information shared will not apply.

If you call me and the discussion becomes clinical in nature, I do bill for phone time, (\$25 per 15-minute increments). If we agree to talk via telephone between sessions, the same rate applies.

If you have an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, the YWCA Domestic Violence Center at (615) 242-1199 or 911.

By agreeing to communicate via email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, written, or face-to-face). I cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception. Due to this inherent vulnerability, I will save email correspondence with you and these communications should be considered part of the medical record; therefore, you should consider that our electronic communications may not be confidential and will be included in your medical chart. Please do not send confidential information via email. **It is most beneficial to all to discuss confidential issues in session.** Never send emails of an urgent or emergent nature and please contact me if you have not received a reply within 48 hours.

Social Media Policy:

I do not communicate with clients via my personal social media outlets (e.g. I am not friends with clients on Facebook, LinkedIn, etc.) and will not accept friend requests via these mediums. AnnChristine Johnson Counseling has a Facebook page which clients are welcome to follow; regular resources and inspirational features are updated on this avenue of social media.

Benefits and Risks of Counseling:

Persons contemplating therapy should realize that they may make significant changes in their lives. People often modify their emotions, attitudes and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives, etc. While I assist the client in effecting change, I can't guarantee a specific outcome. Clients are ultimately responsible for their own growth.

Clients Who Are Dependents:

If you are requesting services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your dependent's counselor, it is important that the client is able to completely

trust me. As such, I keep confidential what the dependent says in the same way I keep confidential what any client says. As the parent or guardian, you have the right and responsibility to question and understand the nature of activities and progress with the dependent, and I must use discretion as to what is an appropriate disclosure. In general, I will not release specific information that the dependent provides to me; however, I feel it is appropriate to discuss your dependent's progress in broader terms and value your participation in their counseling experience.

In the event that the dependent has parents who are divorced or is going through a custody battle, I require that a parenting plan be presented prior to treatment beginning. If the parenting plan requires that both parents must give consent over treatment and decisions for the child, it will be required that both parents sign all opening paperwork.

As your child's counselor, I am unable to do custody evaluations. Per my AAMFT Code of Ethics, I cannot testify as an expert witness or make custody recommendations. Should you choose to request my presence for hearings or court appointments, my fee is \$500 per hour in addition to travel time and transportation expenses.

Credentials:

BS in Psychology from Lipscomb University, with minors in Health and English
Masters of Marriage and Family Therapy from Lipscomb University

Member of the American Association of Marriage and Family Therapy
Member of the Association for Play Therapy

AnnChristine Johnson is a Licensed Marriage and Family Therapist, license number 1153.

Practice Policy Agreement:

Once you have read these practice policies please sign below noting that you have read, understand, and agree to the terms listed:

Print Name: _____

Signature: _____ **Date:** _____

HIPPA Privacy Practices Client Copy

We are required by law to follow the practices described in this letter. This letter is a summary of our Privacy Practices, but does not replace the full version, which has been made available to you. This notice applies to personal medical/mental health information that we have about you, and which are kept in or by this mental health provider. With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to obtain your authorization. We can use your protected health information and share it with a number of our organized health care arrangement (like a community provider). Neither this pamphlet nor the full Notice of Privacy Practices covers every possible use or disclosure.

Who has access to your personal information?

Medical/Mental health information about you can be used to:

- Plan your treatment and services. This includes releasing information to qualified professionals who work at this facility and are involved in your care or treatment. It may also include provider agencies whom we pay to provide services for you. We will only release as little as possible for them to do their jobs.
- Submit bills to your insurance, Medicaid, Medicare, or third party payers.
- Obtain approval in advance from your insurance company.
- Exchange information with Social Security, Employment Security or Social Services.
- Measure our quality of services.
- Decide if we should offer more or fewer service to clients.

Without your permission, we may use your personal information:

- To exchange information with other State agencies as required by law.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To inform you about possible treatment options.
- To send you appointment reminders.
- For agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- As required by State, Federal or local law. This includes investigations, audits, inspections and licensure.
- When ordered to do so by a court.
- To communicate with law enforcement if you are a victim of crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To communicate with coroner, medical examiners and funeral homes when necessary for them to do their jobs.

- To communicate with federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

What are your rights?

- To see and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete.
- **You must make this request in writing. We may deny your request if:**
 1. We did not create the entry
 2. The information is not part of the file we keep; or
 3. The information is not part of the file that we would let you see; or
 4. We believe the record is accurate and complete.
- To know to whom we have sent information about you for up to the last six years.
- The first request in a 12 month period is free. We may charge you for additional requests.
- To limit how we use or disclose information about you. For example-not to release information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.
- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To tell us (authorize) other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

AnnChristine Johnson Counseling

AnnChristine Johnson, LMFT

(615) 715-4327

annchristine.johnson@gmail.com

HIPPA Agreement:

I, _____ have received a copy of this office's Notice of Privacy Practices and Policies, and HIPPA.

SIGNATURE(s): _____

PRINTED NAME: _____

DATE: _____

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgement of receipt of my Notice of Privacy Practices, but acknowledge could not be obtained because:

1. Individual refused to sign
2. Communication barriers prohibited obtaining the acknowledgement
3. An emergency situation prohibited obtaining the acknowledgement
4. Other (please specify): _____