



**PROFESSIONAL DISCLOSURE, CONTRACT, OFFICE PROCEDURES, and FINANCIAL AGREEMENT
FOR PSYCHOTHERAPY SERVICES**

This document contains important information about my professional services and business policies. I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may affect you. Therefore, I am providing this information in writing.

I encourage you to take the time to read through this carefully before your first appointment. Please jot down any questions you might have so that we can discuss them at your initial meeting. When you sign this document, it will represent an agreement between you and Angela M. Mullins.

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PROFESSIONAL DISCLOSURE STATEMENT FOR ANGELA M. MULLINS, M.A.:

I am honored and privileged that you have chosen to take this therapeutic path with me. The following forms are meant to provide you with information so that you can make informed decisions regarding my services. Please ask any questions at any time.

CREDENTIALS

I am currently licensed as a Licensed Professional Counselor with the Mental Health Service Provider Designation in Tennessee. I am licensed as a Professional Counselor in Georgia. I am also licensed as a Licensed Mental Health Counselor in Washington. I hold a Master of Arts in Clinical Mental Health Counseling from Trevecca Nazarene University as well as a Bachelor of Science in Psychology from Middle Tennessee State University.

Initial here: _____

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a patient presents a danger to self, to others, to property, or is gravely disabled.

Initial here: _____

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Angela M. Mullins. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Angela M. Mullins will use her clinical judgment when revealing such information. Angela M. Mullins will not release records to any outside party unless they are authorized to do so by all adult family members who were part of the treatment.

Initial here: _____

Health Insurance & Confidentiality of Records: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by



standardizing codes and procedures. A piece of this law took effect and is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that we give to you a **Notice of Privacy Practices (NPP)** that describes your rights and protections regarding your health care records (PHI). The Notice explains your rights regarding your private healthcare information, including your right to:

- Inspect and copy your medical records;
- Request an amendment or addendum to your medical records;
- An accounting of disclosures of your private health information;
- Request restrictions to release your medical information; and
- Request restrictions of confidential communications with you.

TELEPHONE & EMERGENCY PROCEDURES:

- ***In a crisis***, if your therapist cannot be reached and ***you are in imminent danger, call the police (911), or go immediately to your local emergency hospital.***
- If there is an emergency whereby Angela M. Mullins becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the counselor will do whatever she can within the limits of the law, to prevent you from injuring yourself or others; and to ensure that you receive the proper medical care. For this purpose, the counselor may also contact the person whose name you have provided as an **Emergency Contact** on the *Intake Form*.

Initial here: _____

AVAILABILITY AND MESSAGES:

I do not accept phone calls or check e-mail while I am with clients or outside of my regular business hours. During those times you may leave me a voicemail. It is my policy to return calls, texts or e-mails within 24 hours during the work week (Monday-Friday). In case of an emergency, please call the crisis hotline at

Washington — (866) 427-4747

Tennessee — (855) 274-7471

Georgia — (800) 715-4225

Initial here: _____

INFORMED CONSENT FOR TELEPHONE, ELECTRONIC, AND MAIL CONTACT:

Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or mail. Nor is deletion or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with Angela M. Mullins constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this contract, you agree to and understand the following:

1. Many people feel comfortable communicating via email, because they have installed programs designed to detect spy ware, viruses, or other dangerous software. However, there is no guarantee that such programs will work 100%.
2. Sent and received emails are stored on both Angela M. Mullins' and your computer until deleted. Angela M. Mullins may or may not delete such emails. Any saved emails will be kept in a password-protected account that only Angela M. Mullins has access to.



3. In addition, whenever you send an email, it is stored in cyberspace. It is possible for authorities to locate and read such emails under various circumstances, this is not a policy of Angela M. Mullins, but is due to the nature in which email is transmitted using the Internet, and other services or networks. For more information on this, please contact your Internet Service Provider or email service.

4. By initialing below, I agree that I understand the disclosures listed above regarding communicating with Angela M. Mullins using email. I also agree that if I send an email to an Angela M. Mullins and request a response via email, that I am willing to accept the above-stated risks. I also agree that I will not use email for emergencies.

Initial here: _____

Permission for Angela M. Mullins to initiate emails to you:

Initial below if you give your permission for Angela M. Mullins to initiate sending emails to you.

Initial here: _____

Print your email clearly:

CONSENT TO TREATMENT AND CONFIDENTIALITY STATEMENT:

I, (print name of responsible party) _____ **consent for treatment to be rendered by Angela M. Mullins. I grant the therapist to perform those procedures and treatments, which may include professional consultation or emergency telephone responses, necessary for my condition that are generally used in this and similar settings. I understand that information or opinions will be given to others only with my written consent.**

Signature of Client/Responsible Party

Print Name

Date

APPOINTMENTS:

All office visits are by appointment and may be scheduled through Angela M. Mullins directly. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available to anyone else. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 45-50 minutes. I request that cancellations be made 24 hours in advance; otherwise, you will be billed for the full session fee. Payment for a missed session will be required no later than 24 hours after the missed session.

Your compliance in keeping appointments and active participation in treatment is vital.

Initial here: _____

THE PROCESS OF THERAPY/EVALUATION:

By signing this agreement you are authorizing and requesting that Angela M. Mullins carry out counseling treatment and/or diagnostic procedures that now or during the course of your care as a client are advisable. Participation in therapy can result in a number of benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy.



Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Angela M. Mullins will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Angela M. Mullins may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Angela M. Mullins is likely to draw on various psychological approaches according, in part, to the problem that is being treated and an assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

- I understand that if I am concerned about slow progress or lack of progress I have the right to speak about my concerns.
- I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.
- I understand that there are some occasions when confidentiality can/must be breached. These are:
 - a) I sign a *Release of Information Form* or I verbally direct my counselor to tell someone else,
 - b) My counselor determines that his/her client poses a threat to self or others,
 - c) My counselor is ordered by a court to disclose information,
 - d) My counselor suspects reasonable suspicion of child, dependent or elder abuse or neglect has taken place or
 - e) Forensic consultation or treatment ordered by the courts.
- I understand that counseling can improve as well as upset the equilibrium in any person or family.
- I understand that Angela M. Mullins is not a psychiatrist, she is a Master's level therapist, and as such cannot recommend or prescribe medications but can encourage clients to see provider for a medical evaluation.

Initial here: _____

Rights and Risks:

- Please feel free to ask questions about any aspect of the counseling process. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the Angela M. Mullins' expertise in employing them, or about the treatment plan, please ask and you will be answered fully.
- You need to be willing to discuss what troubles you and be open to change.
- You may remember unpleasant events, arouse intense emotions, and/or alter close relationships.



- You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Angela M. Mullins does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Initial here: _____

PROFESSIONAL RECORDS:

The laws and standards of the profession require that Angela M. Mullins keep treatment records. You are entitled to receive a copy of your records, or your therapist can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your counselor so that she/he can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Initial here: _____

TERMINATION:

- An orderly end of therapy has positive effects for clients. It is suggested that you discuss openly with your counselor your wish to end therapy at least three (3) sessions before your last session. A final closure session has proved to be very important for clients. Closure sessions help you acknowledge and summarize what you have accomplished and discuss any unfinished concerns you may have. While not required they are strongly recommended; you have the right to terminate therapy at any time. If you choose to do so, Angela M. Mullins will offer to provide you with names of other qualified professionals whose services you might prefer.
- If at any point during psychotherapy, Angela M. Mullins assesses that she is not effective in helping you reach the therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, Angela M. Mullins would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Angela M. Mullins will talk to the psychotherapist of your choice in order to help with the transition.
- If at any time you want another professional's opinion or wish to consult with another therapist, Angela M. Mullins will assist you in finding someone qualified, and with your written consent, will provide her or him with the essential information needed.

Initial here: _____

FEE POLICY:

- My fee for counseling services is \$175.00 per clinical hour (45-50 min). An initial/intake appointment is \$225.00 and generally lasts between 75-100 minutes.
- Inpatient visits or significant telephone counseling are based on the same fee you would pay for an in-office visit in addition to transportation expenses.
- Court appearances or related calls and documentation are \$175.00 per hour.
- I take payment and schedule for the next session at the beginning of each appointment. If you do not have your payment at the beginning of session we will have to reschedule to another time when you can make the payment and you will owe for that session as well as the rescheduled one.
- I require that a credit or debit card be kept on file in order to bill for any missed appointments.

Initial here: _____

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I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

I have discussed these policies with Angela M. Mullins if desired and all questions are answered to my satisfaction. I have been offered a copy of these policies to take with me if I desire.

Signature of Client/Legal Representative

Print Name

Date

Additional Client Signature (Spouse, /Partner, Family Member)

Print Name

Date

