

Gapp Counseling Services, LLC

Information for Clients

Please read this additional information which goes beyond that in the notice of privacy practices and is subject to HIPAA preemptive analysis.

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. I understand that information revealed in counseling will be held in the strictest confidence, except when authorized by me in writing or in situations outlined below:

1. Client consents to such disclosure;
2. A Court Order mandates disclosure;
3. In accordance with statutes mandating reporting of child abuse;
4. The disclosure is made to medical, psychological, or other emergency personnel in a medical emergency or to qualified personnel for research, psychological audit, or program evaluation
5. Submission of claims to insurance or Medicaid.

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; and where a client presents a danger to self, to others, to property, or is gravely disabled.

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 Debra Gapp, MA, LPC-MH, CCDC-III. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use clinical judgment when revealing such information. I will not release records to any outside party unless so authorized to do so by **all** adult family members who were part of the treatment.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

Emergencies

If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I 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, I may also contact the police, hospital, or the person whose name you have provided on the emergency contact person authorization sheet.

Confidentiality of e-mail, cell phone, and fax communication

It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

Consultation

Debra Gapp, MA, LPC-MH, CCDC-III, QMHP consults regularly with other professionals regarding clients to assure highest standards of quality care; the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Transfer Plan: Gapp Counseling Services has put a client care plan into place in the event that Debra Gapp may become unavailable. Possible situations may include prolonged illness, disability or death. I ask you to agree to my transferring your records to a records custodian and another counselor, who will assure their confidentiality, preservation, and appropriate clinical access. In the unlikely event that I am unable to provide ongoing services, Linda Richardson, LPC, NCC, CCH, DCC, CDCT of Collective Perspective in Viborg, SD will provide counseling services or will refer you to the appropriate resources. She will maintain records for a period of 10 years. Linda Richardson may be contacted at (605) 766-8510. Note that Gapp Counseling Services will provide a *temporary* transfer plan in the possible event of Debra Gapp's short term disability or prolonged illness.

Telephone and emergency procedures

If you need to contact a Debra Gapp, MA, LPC-MH, CCDC-III, QMHP between sessions, please call or leave a message on voicemail (605) 677-9052 and your call will be returned as soon as possible. I check my messages daily (but usually not during the night), unless I am out of town. I do not always check the messages on weekends and holidays. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the Lewis & Clark Behavioral Health Hotline at 1-800-765-3382, the Avera McKennan Behavior Health Assessment and Referral Program (800) 691-4336, or Emergency Services 911, or the Vermillion Police Department at (605) 677-7070. The Sanford Vermillion Medical Center phone number is (605) 624-2611. You may go to the Sanford Vermillion Emergency Room at any time. The entrance is on Walker Street (the east side of the hospital).

The process of therapy/evaluation

Participation in therapy can result in a number of benefits to you, including improving 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. I 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 your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, and so forth. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that 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 a decision that is positive for one family member is viewed quite negatively by another family member. 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, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches could include behavioral, cognitive-behavioral, humanistic, existential, system/family, developmental (adult, child, family), and/or psychoeducational.

Discussion of treatment plan

Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. 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 I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination

As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I 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, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual relationships

I, first, make my best effort to avoid dual relationships with clients. However, not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into nonsexual and non-exploitative dual relationships with clients. Many clients know each other and me from the community. Consequently, you may bump into someone you know in the waiting area or into me out in the community. I will never acknowledge working therapeutically with anyone without his/her written permission. Some clients choose me as their therapist because they know me before they enter into therapy with me and/or are aware of my stance on the topic. Nevertheless, I will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your responsibility as the client to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. I will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

Cancellation

Since scheduling of an appointment involves the reservation of time specifically for you, please try to provide a minimum of 24 hours notice if you will need to miss your appointment. If you do not show up for an appointment and I do not hear from you, you will be charge a \$40 missed appointment fee necessary to partially offset my lost income. It is then your responsibility to contact me to schedule another appointment. If you have a regular appointment time (for example weekly appointments on the same day/time) and miss one appointment without contacting me, your regular time slot will be opened up for the next person. It will then be your responsibility to contact me to schedule another time.

Consent for Services
Agreements to Policies and Payment Requirements

I, _____ am applying for diagnostic and/or counseling services at
(Client's name)

Gapp Counseling Services (GCS).

I agree that I am responsible for the charges for services and that I will pay this counselor's fee of \$ _____ per session (45-50 minutes) for these services.

I agree that this financial relationship with this counselor will continue as long as the counselor provides services or until I inform her that I wish to end services. I agree to pay for services provided to me (or this client) up until the time I end the relationship. I agree to give notice of intent to cease counseling during or prior to the last session.

I agree to pay this counselor the \$40 missed session fee (not allowed to be submitted to insurance or Medicaid) if I do not show up for my scheduled appointment or if I do not provide at least 24 hours notice before cancelling an appointment.

I agree to provide accurate and current insurance or Medicaid information. If such information is not accurate or current, I agree to pay the full fee for services provided. In addition, *I understand that I am responsible to pay my designated copay at the time of service.*

I have read Gapp Counseling's Information for Clients and agree to everything stated there, as shown by my signature below.

Finally, I grant permission for Gapp Counseling Services to submit claim information to such insurance or Medicaid for reimbursement for services.

I have read the above agreements, policies, and general information carefully. I understand them and agree to comply with them:

Signature of client (or guardian/person acting for client)

Date

Printed name

HIPAA Acknowledgement

By signing below, I am stating that I have either been provided with a copy of the Notice of Privacy Practices and/or have had the opportunity to read the Notice of Privacy Practices.

Client Signature

Date

I, the counselor, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of counselor

Date