Welcome to psychiatric and counseling services at Magers Health and Wellness Center. This document contains important information about professional psychiatric and counseling services, including the limits of confidentiality and the Health Insurance Portability and Accountability Act (HIPAA), which is a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. It is important that you read and understand this document. When you sign this document, you acknowledge that you understand its contents and are giving your consent to participate in psychiatric, psychotherapy, and/or counseling services. Any questions you have can be discussed with your provider before and after your participation in counseling. A digital copy can be obtained on the center’s website. You may also request a paper copy from the front desk.

**Description of Psychiatric Services**

Psychiatry, as defined by the American Psychiatric Association is “the branch of medicine focused on the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders”. A psychiatric Nurse Practitioner is an Advanced Practice Nurse (APRN) who specializes in mental health, including substance use disorders and works in collaboration with a Medical Provider (MD/DO). Psychiatric Nurse Practitioners are qualified to assess both the mental and physical aspects of psychological problems. If you prefer to see a Psychiatrist rather than a Psychiatric Nurse Practitioner, you will be referred to a provider in the community.

**Description of Counseling Services**

Counseling, as defined by the American Counseling Association, is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 368).

Psychotherapy is the “informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable” (Norcross, 1990, p. 218-220).

These definitions of counseling and psychotherapy are endorsed by our providers. For simplicity, psychotherapy and counseling are referred to as counseling below. Additionally, there some important things for you to understand about the counseling process before you begin:

* What occurs within counseling sessions may be different from person to person, and even from session to session for the same individual. The therapeutic methods used by your provider are based upon what is effective in research and practice. With any specific interventions, your provider will provide you with a description, rationale, and anticipated effects of the intervention. No methods will be used that are considered to be harmful or ineffective. Your provider will also refrain from using any methods that are undesirable for you.
* Healing and growth are often gradual in nature. It may take some time before you begin to notice significant improvements in your mood, thoughts, or behaviors. Depending on the nature and severity of your presenting problems, it is generally recommended that you attend six sessions, after which your progress can be formally evaluated.
* Successful outcomes in counseling requires you to be an active participant. Counseling is not like swallowing a pill, which requires almost no effort on your part. You will need to work on the areas discussed by you and your provider inside and outside of the sessions. The most satisfied clients tend to be those who are pursuing changes on their own and use counseling sessions as a modality for facilitating the accomplishment of their goals.
* Counseling may have many benefits, but there are also risks. First, the most common downside is that you will experience uncomfortable or painful emotions—anger, sadness, confusion, guilt and shame, loneliness, and more. If this happens, your provider will help you process these and will not leave you in distress. Second, for many possible reasons, counseling may not produce the desired outcome. In such a case, you may discontinue counseling, or you may request to be referred to other professionals and professional agencies who may better serve you. Third, although unlikely, there is a possibility that your symptoms may worsen. If this happens, your provider may refer you to appropriate resources and professional agencies.

**Appointments and Sessions**

You can schedule an initial session by calling the front desk of the clinic at 836-4000. All following sessions will be scheduled by coordinating with your provider and the staff at the front desk. If you wish to cancel or reschedule an appointment, please contact the front desk as soon as possible. If you cancel 48 hours before your session, you will not be billed for the session. If you are late for an appointment, your appointment will still need to end on time.

The initial session for psychiatric sessions and counseling sessions is 45-60 minutes. Subsequent psychiatric sessions are 30 or 60 minutes. Subsequent counseling sessions are 45-60 minutes. Within the initial session, you will be asked to provide a summary of the problems you are experiencing and may also be asked questions about your psychosocial history. This initial session may feel like an interview. The purpose is to obtain a comprehensive picture of the nature of your presenting problems, as well as aid in the formation of goals for counseling. If, after the initial session, you do not wish to continue counseling, there is no obligation to do so. If you wish to discontinue therapy at any time, please inform your provider. You may be hesitant to say this, but your provider will respect your decision and will appreciate any information about why you decided to discontinue. As the client, it’s ultimately your choice for when and how you end therapy. Any notification about discontinuing, and any information about why you are discontinuing is sincerely appreciated.

**Fees and Payments**

Fees for psychiatry and counseling for employees and students are provided below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Psychiatry | |  |  | Counseling | |
|  | Initial Session | Subsequent Sessions |  |  | Initial Session | Subsequent Sessions |
| Employee | $191 | $128 or $173 |  |  | $171 | $111 |
| Student | $86.60 | $60.00 or $76.60 |  |  | $116.60 | $87.98 |

*Missed Appointment Fee-If you do not keep your appointment or if you do not cancel by 48 business hours prior to your appointment, then you will be charged a missed appointment fee.*

**Emergency Contact**

Our providers have limited work hours and may not be accessible throughout the week. You may contact Magers at 417-836-4000 and leave a message. If you are in an emergency, call 911. For 24-hour crisis support, call Burrell Behavioral Health: 417-761-5555.

**Limits of Confidentiality**

The law protects the privacy of all communications between a provider and a client. In most situations, your provider will only disclose information about your treatment to others if you sign a written release form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent.

Your signature on this document provides consent for those activities. Some examples are provided below.

* Your provider may consult with other mental health professionals about your treatment. During a consultation, your provider will make every effort to avoid revealing your identity. The other professionals are also legally bound to keep your information confidential. Your provider will not inform you about such consultations, unless you prefer to be notified.
* If you file a complaint or lawsuit against the provider, the provider may disclose any of your treatment information that is relevant in making a defense.
* If you file a worker’s compensation claim, your provider must, upon appropriate request, provide a copy of the patient’s record to the Labor and Industrial Commission or the Workers’ Compensation Division of the Missouri Department of Labor and Industrial Relations, or the patient’s employer.
* Most insurance companies require your provider to offer a clinical diagnosis. Sometimes, additional clinical information is required. This information will become part of the insurance company’s files. Providers have no control over what the insurance companies do with the information, though they claim to keep such information confidential. You understand that, by using your insurance, you authorize your provider to release such information to your insurance company.

There are situations in which your provider is legally obligated to break confidentiality by disclosing information about you and your treatment records. These are times when it is necessary to attempt to protect you or others from harm. If this occurs, the information disclosed will be limited to minimum that is necessary. Such situations are rare.

* **Abuse and neglect of children**. If your provider has reason to believe a child has been or may be subjected to abuse or neglect or observe a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, the law requires that your provider file a report with the Missouri Division of Family Services. Once such a report is filed, your provider may be required to provide additional information.
* **Abuse and neglect of elderly and disabled persons.** If your provider has reason to believe that an elderly or disabled adult presents a likelihood of suffering serious physical harm and is in need of protective services, the law requires that your provider report this to the Department of Social Services. Once such a report is filed, your provider may be required to provide additional information.
* **Threat of harm**. If your provider believes it is necessary to disclose information to protect against a clear and substantial risk of imminent serious harm being inflicted by you onto another person or yourself, your provider may be required to take protective action. These actions may include, initiating hospitalization and/or contacting the potential victim, and/or the police, and/or the patient’s family.
* **Court order**. If your provider receives a court order or subpoena, she or he may release necessary information to the courts.

**Professional Records**

Your provider will keep digital records of counseling sessions, as well as communication that occurs outside of our session. Records help guide the counseling process and allow you and your provider to review your progress. Records are kept secured and confidential. You may request to review your records at any time. If you wish to obtain a copy, or have your treatment records sent to another person or organization, you are required to sign the “Authorization for Use and Disclosure of Protected Health Information.” This form specifies 1) who are the recipients and senders, 2) the time frame, 3) the information to be disclosed, and 4) the purpose of the request.

**Minors/Children and Parents**

Clients 17 years of age and under who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child’s treatment records. However, privacy for children and adolescents is often very important for treatment to be successful. The provider will not act as a spy to the client or do something that would damage provider-client trust. The provider may arrange for a formal agreement specifying what information of the child’s treatment records may be freely shared with the parent.

**Coordination of care with others**

Coordination of care with other persons involved with patient’s care, not outlined above, requires a completed Release of Information form.

**Informed Consent for Counseling**

By signing, you acknowledge that you have read and understood the contents of this document, and you give your consent to participate in psychiatric and/or counseling services. Patient retains the right to edit or rescind consent of care, in writing.

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Printed Name of Client (or Guardian) Date

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Signature of Client (or Guardian)

References

American Psychiatric Association. (2018). *What is Psychiatry?* Retrieved from https://www.psychiatry.org/patients-families/what-is-psychiatry.

Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal Of Counseling & Development*, *92*(3), 366-372. doi:10.1002/j.1556-6676.2014.00164.x.

Norcross, J.C. (1990). An eclectic definition of psychotherapy. In J.K. Zeig & W.M. Munion (Eds.), What is psychotherapy? Contemporary perspectives (218-220). San Francisco, CA: Jossey-Bass.