

# Holly St.Pierre Counseling M.S Ed., LPCC

HRS Counseling Services, LLC  
52 Bellbrook Plaza  
Bellbrook, Ohio 45305  
Phone: (937)608-4204  
[www.hrscounseling.com](http://www.hrscounseling.com)

*Struggles Today, Victories Tomorrow*

## NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

*Please review this notice carefully.*

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present and future physical and mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the Counselor, Social Worker, and Marriage and Family Therapist Board. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose that minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing, accounting, scheduling or typing services) provided we have a written contract and/or confidentiality statement with the business that requires it to safeguard the privacy of your PHI. For training and teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or elderly abuse: *Duty to Protect*, mandatory government agency audits or investigations (such as the counselor licensing board or the health department).
- Required by Court Order

- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person reasonably able to prevent or lessen the threat, including the target of the threat: *Duty to Warn*.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

- Children 14 years old and older will sign a release for therapist to talk with client's parents/guardians
- Therapist will disclose only information that is deemed required by law in Duty to Protect, Duty to Warn when treating minor clients.

#### **YOUR RIGHTS REGARDING YOUR PHI.**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to HRS Counseling Services, LLC at 52 Bellbrook Plaza; Bellbrook, Ohio 45305

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

#### **COMPLAINTS.**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with HRS Counseling Services, LLC at 52 Bellbrook Plaza; Bellbrook, Ohio 45305. **We will not retaliate against you for filing a complaint.**

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### **Client Information and Acknowledgment of Informed Consent to Treatment Form**

#### *Mental Health Services*

The purpose of receiving mental health care services is to help you better understand your situation, change your behavior or move toward resolving your difficulties. Your therapist, using their knowledge of human development and behavior will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to examine your own feelings, thoughts and behavior, and to try new approaches in order for change to occur. You may bring your family members to a therapy session if you feel this would be helpful or if this is recommended by your therapist.

The services we offer can have benefits and risks. Since treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, mental health care services have also been shown to have benefits for people. Treatment may often lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

#### *Appointments*

Appointments are made by calling (937) 608-4204 or visiting [www.hrscounseling.com](http://www.hrscounseling.com). Please call to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. Third party payers will not cover or reimburse for missed appointments. Appointments are 45-60 minutes in length but may vary for clinical reasons. The number of appointments depends on many factors and will be discussed by your therapist with you.

#### *Relationship*

Your relationship with your therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that your therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Your therapist cares about helping you but is not in a position to be your friend or to have a social personal relationship with you. Therefore your therapist will not communicate with you via social media. Please do not bring gifts or hug your therapist. If you choose to approach your therapist in a public setting, understand that you have identified yourself as a client to those around you.

#### *Goals, Purposes and Techniques*

There may be alternative ways to effectively treat the problems you are experiencing. It is important for you to discuss any questions you may have regarding the treatment recommended by your therapist to have input into setting the goals of your therapy. As therapy progresses, these goals may change. You and your therapist will jointly determine how to effect the changes you are seeking to make for yourself.

#### *Confidentiality*

The law protects the privacy of all communications between a client and a therapist. In most situations, HRS Counseling Services, LLC can only release information about your treatment to others if you sign a written authorization form.

There are some situations where we are permitted or required to disclose information either with or without your consent or authorization. For example,

- If you are involved in a court proceeding and a request is made for information concerning your treatment, we cannot provide such information without your (or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- If a government agency is requesting the information, we may be required to provide it.

- If you file a complaint or lawsuit against us, we may disclose relevant information about you in order to defend the therapists.
- If you file a worker's compensation claim, we must, upon appropriate request, provide a copy of your records or a report of your treatment.

There are some situations in which the therapist is legally obligated to take actions which she or he believes are necessary to attempt to protect others from harm, and we may have to reveal some information about a client's treatment. If such a situation arises, your therapist will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

- If your therapist has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.
- If the therapist believes you present a clear and substantial danger of harm to yourself and/or others, he or she will take protective actions. That may include contacting family members, seeking hospitalization of you, notifying any potential victim(s), and notifying the police.

While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read the Notice of Privacy Practices which was provided to you for more detailed explanations, and discuss with your therapist any questions or concerns you may have.

#### *Professional Records*

The laws and standards of our profession require that we keep Protected Health Information about you in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways in which your problem affects your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that we receive from other providers, reports of any professional consultations, any payment records, and copies of any reports that have been sent to anyone. You may examine and/or receive a copy of your Clinical Record, if you request in writing, except in unusual circumstances that involve danger to yourself and/or others or when another individual (other than another health care provider) is referenced and we believe disclosing that information puts the other person at risk of substantial harm. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We therefore you may initially review them in the presence of your therapist. In most circumstances, the client will be charged the 45min session rate per 45 mins for the time it takes to copy the client chart. If we refuse your request for access to your records, you have the right of review, which we will discuss upon request.

#### *Minors*

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. Before giving parents any information we will discuss the matter with you, if possible, and do our best to handle any objections you may have. All minors will be taught healthy boundaries. All minors thirteen years and older will be required to take a written Alcohol and Drug Screen(15 questions) as well as sign a Release of Information to discuss certain matters with parents/guardians.

#### *After-Hours Emergencies*

We do not have therapists at HRS Counseling Services who are on call, nor do they have colleagues on call, when the office is closed. In the event of an emergency, go directly to the nearest hospital emergency room or call 911. Crisis Care Centers are also available; Montgomery Co. call center (937) 224-4646, Greene Co. (937) 376-8701. Therapists are not responsible for emergency related voicemails. If a Crisis Session is needed via phone or in person increased rates are in effect.

#### *My Therapists Incapacity or Death*

I acknowledge that, in the event that my therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. HRS Counseling, LLC will select a successor therapist within a reasonable time and will notify the appointed licensed mental health professional.