

Welcome to Oasis!

We are happy you are here and hope that you are pleased with our services.

Client Information

- Oasis offices are located in 3 houses that are side-by-side: 1900, 1908, and 1912.
- Parking is available behind the 1908 house for all clients. Enter through the driveway between the two houses 1900 and 1908.
- Individual and family sessions are 50 minutes in length. Play therapy sessions are 45 minutes in length.
- Children are NOT permitted at adult appointments, in order to ensure that adequate attention is given to your needs and goals, and to protect the emotional well-being of your children.
- ***Charges are applied for cancellations the day of an appointment. You will be charged one-half of your regular fee if an appointment is cancelled AFTER 12 noon the day BEFORE your appointment. If you fail to come for your scheduled appointment without calling, you will be charged your full fee.***
- Please respect privacy of others when checking in with the front desk. If someone is checking in ahead of you, please be seated in the waiting room until you are called.
- Please DO NOT use cell phones in the waiting room. You are welcome to conduct a call on the front porch.
- Please DO NOT bring food inside. You may eat on the porches.
- We accept ONLY cash or checks.
- Text message appointment reminders are available upon request but may not always be reliable. You are still responsible for making your scheduled appointment. Please record all appointments on your personal calendar.

CLIENT COPY

Counselor/Client Agreement

The mission of Oasis Counseling for Women and Children (Oasis) is to help women and children heal, grow, and overcome difficult life challenges by providing affordable mental health counseling and innovative educational programs in a respectful and nurturing environment.

Welcome to Oasis. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before your first session. We can discuss any questions you have about the procedures at that time. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

The Counseling Process: Counseling is a cooperative learning process through which you will grow into taking enhanced control over your life and become more self-motivated and empowered. This process requires a commitment for you to explore the problems that brought you to counseling. At times, counseling may stir up feelings of discomfort and a realization that a loss or previously unresolved issue may contribute to your current situation. Counseling can also result in humor and fun, relief, new insights, and behavior change. The greater the investment you make in counseling by expressing your feelings and opinions about the process, the more successful this endeavor will be for you. Sometimes outside "homework" is helpful such as reading, journal writing, exercising, or simply taking better care of yourself.

Confidentiality: Under the code of ethics for Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and Psychologists, PHI, particularly information shared in the counseling session, is strictly confidential and will not be disclosed without your written authorization except in these situations:

- 1) When there is clear and immediate danger to you, other individuals, or society, we are required to intervene. If we believe you pose a life-threatening risk to yourself or to others, we may need to notify responsible individuals for your protection. In this case, we may call your emergency contact person, a friend or relative, or summon the police to take you to a hospital for psychiatric evaluation or observation.
- 2) Child abuse reporting laws in the State of Alabama require counselors to report suspected cases of child abuse to the Department of Human Resources. Child abuse and neglect may include physical, emotional or sexual abuse of children and the abandonment of children.
- 3) If we know that an elderly or disabled adult has been abused, neglected, and/or exploited, the law requires that we file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.
- 4) If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, we will not disclose information without your (or your legal representative's) written authorization, a subpoena, or a court order.
- 5) In order to receive payment from insurance companies or other agencies, we may be asked to release details about your treatment with us. When disclosing information we will make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure.

- 6) At times, we may consult with a professional on our staff if we feel it is needed to offer the best possible service for you. During a consultation we make every effort to avoid revealing the identity of the client.
- 7) You should be aware that we employ administrative staff and occasionally need to share information with them related to scheduling, billing, and quality assurance. All of our staff are bound by the same rules of confidentiality and have been given training about protecting your privacy.
- 8) Clients under 14 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their treatment records unless we decide that such access is likely to be harmful to the child, or we agree otherwise. The therapeutic relationship with children is to be respected. Children need to know that they can trust their counselor and feel safe and secure in their counseling sessions. Because privacy in counseling is often crucial to successful progress, particularly with teenagers, it is often our policy to request an agreement from the parents that they consent to give up their access to their child's records. If they agree, we will provide them with general information regarding the child's treatment and attendance at scheduled sessions. We will also provide parents with a summary of the child's treatment when complete. Any other communication will require the child's authorization unless we feel that the child is in danger or is a danger to someone else, in which case we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she might have.
- 9) If a government agency is requesting information for health oversight activities, we are required to provide it.
- 10) If a client files a worker's compensation claim, we may disclose information relevant to that claim to the client's employer or insurer.
- 11) We reserve the right to use the information you share to evaluate our services and conduct research. Anonymity will be maintained through the use of code; no identifying information will be used.

For clients of Oasis who are covered by Alabama Medicaid: Dr. Heather Austin is an Alabama licensed psychologist who provides regular supervision services to Oasis counselors who serve clients with Medicaid insurance. Dr. Austin's supervision services are required to meet Alabama Medicaid billing guidelines. In order to comply with those guidelines, please understand that your Protected Health Information (PHI) will be shared with Dr. Austin as a part of your counselor's supervision. Additionally, Medicaid requires that information about your treatment be shared with your referring physician. If you have any concerns related to your care or the supervision process, you may speak with your counselor. You also may feel free to contact Dr. Austin by calling (205) 933-0338.

By initialing this section of the Informed Consent, you are agreeing to the disclosure of your PHI to your referring physician and to Dr. Austin.

****Initialed copy on file at Oasis****

Appointments: Appointments are scheduled on the hour and last **fifty minutes**. Counseling is a time-sensitive activity and your appointment is reserved specifically for you. If you must cancel or reschedule an appointment, please call **24 hours** before the appointment time. **Cancellations made AFTER 12 noon the day BEFORE will be charged one-half your regular fee. If you fail to show for your scheduled time without calling, you will be charged your regular fee at your next session.** If there is a consistent pattern of failed or cancelled appointments, you will need to speak with your counselor before any further appointments can be scheduled. You may be referred to another agency as a result of appointment non-compliance.

Length and Termination of Counseling Sessions: The number of counseling sessions may vary depending on the type and severity of problems. Your counselor will take into account individual factors and discuss a time frame that meets your needs. Because of the importance of the therapeutic relationship between client and counselor, we encourage you to talk to your counselor if you are considering leaving counseling. The counseling process involves a growth experience. Therefore, terminating the relationship is part of that growth experience. Oasis employs play therapists to work with children. It is imperative that play therapy sessions are consistent with the time and number of sessions agreed on by the therapist and the parent. Please discuss this with the play therapist in the preliminary interview if you feel you cannot make this commitment.

Fees and Payment: Your fee is based on your income and number of dependents. We ask that you provide accurate information concerning your income and inform us if there are any changes while receiving counseling at Oasis. Payment is expected at the time of treatment. If you have concerns regarding your payment, this may be discussed with your counselor and the Office Manager.

Business Hours: Our business hours are from 8:30 a.m. to 5:00 p.m. Monday through Friday. Early morning appointments may be arranged at your counselor's discretion. Oasis has voice mail after hours. If you leave a message, we will return your call as soon as possible. However, if you feel that you need immediate assistance after-hours, you should contact the Crisis Center at 323-7777, contact your primary care physician, or go to the nearest emergency room.

Procedures Regarding Legal Proceedings: If you are involved in a legal matter, your attorney may request copies of your records or that your counselor testify in court. There are additional charges for provision of records and/or time needed by the counselor to prepare for court and/or testify. These need to be discussed with your counselor if such services are requested. For any release of records for court proceedings, a subpoena is required.

Client's Rights: HIPAA provides you with new or expanded rights with regard to your Clinical Record and disclosure of Protected Health Information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of Protected Health Information that you have neither consented to nor authorized; determining the location to which protected disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a copy of this Agreement, the attached Notice Form, and our privacy policies and procedures.

Client Grievance: To support the mission of Oasis, the following Client Grievance Procedure has been developed:

- 1) In the event a client experiences a problem or has a concern related to their treatment at Oasis, the client should first attempt to resolve the problem with the counselor.
- 2) If no satisfactory solution is achieved, or if the client is uncomfortable discussing the situation with the counselor, the client may bring the matter to the Clinical Director. The Clinical Director will keep a written record of the problem and the subsequent resolution.
- 3) If again, no satisfactory solution is achieved, or if the situation involves the Clinical Director, the client may bring the matter to the Executive Director. The Executive Director will keep a written record of the problem and the subsequent resolution.
- 4) If a problem or concern involves administrative staff, these issues should be reported in writing or by email by the counselor to the Executive Director.

IF YOU HAVE ANY QUESTIONS ABOUT THIS AGREEMENT, PLEASE ASK YOUR COUNSELOR. YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

**WELCOME TO OASIS. WE HOPE YOU HAVE
A MEANINGFUL AND SUCCESSFUL COUNSELING EXPERIENCE.**

*** * SIGNED COPY ON FILE AT OASIS * ***



Notice of Oasis Counseling for Women and Children’s Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Oasis Counseling for Women and Children (Oasis) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health professional.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our center. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our center, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which may be kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If we are treating a child and we know or suspect that child to be a victim of child abuse or neglect, we are required to report the abuse or neglect to a duly constituted authority.
- *Adult and Domestic Abuse* – If we have reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, we must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If a licensing board, such as the Alabama Board of Examiners in Psychology, the Alabama State Board of Social Work Examiners or the Alabama Board of Licensed Professional Counselors, is conducting an investigation into our center, then we are required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – We may disclose PHI to the appropriate individuals if I believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).
- *Worker's Compensation* – We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in therapy. On your request, we will send your bills to another address and will not leave phone messages without your consent to do so.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless we make a clinical determination that access would be detrimental to your health. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Oasis Counselor Duties:

- We are required by law to maintain the privacy of protected health information regarding you and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you at your next therapy session or by mail.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, you may contact Julianne Venable, Ph.D., Clinical Director at 933-0338.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

When using, disclosing or requesting PHI, we will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

Oasis reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice at your therapy session or by mail.