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INFORMED CONSENT: GROUP COUNSELING

Welcome to your group experience!

Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator(s) that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work
- An understanding of group goals and group norms
- Investment by both your facilitator(s) and members to produce a consistent group experience

A SAFE ENVIRONMENT

A safe environment is created and maintained by both the facilitator(s) of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator(s) are bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. We realize that you may want to share what you are learning about yourself in group with a significant other. This is fine as long as you remember not to talk about how events unfold in group or in any other way compromise the confidentiality of other group members.

The facilitator(s) of your group will ask you to sign a release form so that they can talk with your individual therapist. This is a safeguard for you which allows consultation between group leaders and your individual therapist should the need arise. This also provides you with extra support should a difficult issue come up in group that may need more individual attention.

LIMITS OF CONFIDENTIALITY

- If you are a threat to yourself or others (showing suicidal or homicidal intent), your facilitator(s) may need to report your statements and/or behaviors to family, your therapist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser, who may be in danger. Elder abuse is also required to be reported to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony, your facilitator(s) will first assert “privilege” (which is your right to deny the release of your records although this is not available in all states for group discussions). Your facilitator(s) will release records if a court denies the assertion of privilege and orders the release of records. Records may also be released with your written permission. Records will include only your personal progress in group—not information about other group members.
- Facilitators may consult with other professionals regarding group interactions. This allows a freedom to gain other perspectives and ideas concerning how best to help you reach your goals in group. No identifying information is shared in such consultations unless a release has been obtained from you as a group member.

OTHER SAFETY FACTORS

- Members of a group may not use drugs or alcohol before or during group
- Members of a group should not engage in discussion of group issues outside of group
- Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience
- Your group facilitator(s) will monitor discussions and maintain a respectful environment to keep safety and trust a priority

ATTENDANCE

Your presence in group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience of you and other members of the group. Therefore, your facilitator(s) would ask that you make this commitment a top priority for the duration of the group. It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator(s) before group begins let them know you will not be present.

WHAT TO EXPECT

Group time consists of both teaching and processing time. Processing may revolve around an issue one member of the group is working on with time for structured feedback and reactions by other members of the group. At times the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself, your family, and the world around you. These dynamics provide a very powerful environment for change.

Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

FEES

The fee for this group is _____ per 90 minute session, totaling _____ for a _____ weeks. When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian. If minor attends session alone, payment must be sent with them.

CONSENT

I have read the above information, understand the information, and agree to the terms of group participation.

_____	_____	Date: _____
PRINT NAME OF GROUP MEMBER	SIGNATURE OF GROUP MEMBER	

_____	_____	Date: _____
PRINT NAME OF GUARDIAN, IF MINOR	SIGNATURE OF GUARDIAN	

_____	_____
Signature of Facilitator	Signature of Facilitator(s)

HIPAA NOTICE OF PRIVACY PRACTICES

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

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice. Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples. A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. **For treatment.** I can use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with my trainees and interns. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
2. **For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
3. **To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
4. **Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
5. **Certain Other Uses and Disclosures Do Not Require Your Consent.** I may use and/or disclose your PHI without your consent or authorization for the following reasons:
 - a) When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
 - b) If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
 - c) If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
 - d) If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
 - e) To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).

- f) If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- g) If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.
- h) If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- i) If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- j) For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- k) For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- l) For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- m) For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
- n) For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- o) Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
- p) If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- q) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- r) If disclosure is otherwise specifically required by law.

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Michelle Hill at (949) 359-1353

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003. I acknowledge receipt of this notice

Name

Signature

Date

AUTHORIZATION TO BILL CREDIT CARD FOR SERVICES

To Our Clients,

In our efforts to continuously improve our patient service and office efficiency, you will be asked for a credit card number at the time of check in. that information will be held securely until your insurance has paid their portion and have notified both you and us of how much, if any, is your portion. A statement will be mailed to you regarding any remaining balance. If a balance becomes delinquent, the credit card will then be charged to avoid the collection process.

This will be advantage to you because you will no longer have to write out and mail us a check. It will be an advantage to us as well because it will greatly decrease the number of statements we have to generate and send out. The combination will benefit everybody to keep down the cost of health care.

Much like when you check in a hotel or rent a car, you are asked for a credit card, which is imprinted in a later use to pay your bill.

This will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment.

If you have any questions about this payment method, please do not hesitate to ask.

Sincerely,

Michelle Hill

Full Name on Credit Card (Please Print): _____

Card Billing Address: _____
(Street Number & Name) (City) (State) (Zip)

Type of Card: _____
(Visa, MasterCard, American Express, Discover...)

Credit Card Number: _____ CSC: _____ Expiration Date: _____
(Month/ Year)

Client Signature: _____

For client convince, if you would like to authorize Michelle Hill to charge your card at the time of service (Initial here) _____.