

CLIENT INFORMED CONSENT FOR TREATMENT & NOTICE OF PRIVACY PRACTICES

THERAPY

The primary objective is to assist you in recognizing and resolving personal conflicts, which can positively impact your personal and interpersonal relationships. To accomplish this, our approach will include the following:

- Enhancing your self-awareness by identifying your strengths and obstacles.
- Encouraging you to take responsibility for any required changes that will enable you to reach your goals.
- Establishing specific psychotherapy objectives.
- Utilizing all available community, medical, and self-help resources to support your progress.

Therapy can have a significant impact on one's life, but it comes with both benefits and potential risks. While it can enhance self-awareness, stress management skills, problem-solving abilities, and interpersonal relationships, there are also drawbacks. During the therapy process, it's possible to experience unpleasant emotions such as guilt, anxiety, anger, frustration, loneliness, and helplessness, especially when discussing sensitive topics. It's essential to understand that therapy is not a magic solution; it requires active engagement. To achieve the best results, individuals must put in effort outside of sessions.

COACHING

Our goal is to help you tackle personal conflicts that may be hindering your progress towards life, relationship, and familial goals. To achieve this, we follow a specific approach that includes:

- Encouraging open conversations to identify obstacles.
- Holding you accountable for your life's direction as you work towards your goals.
- Establishing clear coaching objectives.
- Providing support and helping you navigate establishing a community and resources to help you along your journey.

While coaching can be transformational, it's essential to understand that it comes with both benefits and potential risks. Although it can enhance self-awareness and motivation, there are also drawbacks. During coaching, you may feel uncomfortable as you begin to shift your paradigm and actions. It's important to note that coaching is not therapy and isn't a one-size-fits-all solution. It requires significant intrinsic changes and effort outside of coaching to achieve the best results.

CONFIDENTIALITY

Issues discussed in therapy are important and are ordinarily protected as confidential and/or “privileged.” However, there are limits to the rights of confidentiality and privilege, and in some situations, we may be required to disclose otherwise confidential or privileged information and/or records even if you do not authorize us to do so. These situations include but are not necessarily limited to when:

1. We have reason to believe that there has been abuse or neglect of a child, elderly person or a vulnerable adult.
2. We have reason to believe that you are in danger of harming yourself or another person or you are unable to care for yourself.
3. We have reason to believe that you have a plan or intention to harm a specific person, persons, or other potential victim, in which case we would notify the potential victim(s) and/or law enforcement authorities.
4. We receive a court order, subpoena, or other legal process requiring us to disclose otherwise confidential or privileged information and/or records.
5. We are required by your insurance company or other third-party payor to disclose information and/or records to, for example, process a claim for reimbursement or coverage, respond to an audit, or facilitate a case review or appeal.
6. A natural disaster or other emergency even creates a risk of damage to or destruction of the information or records.
7. We are required by a licensing board or other regulatory authority to disclose information and/or records.
8. We are required by the Patriot Act.
9. We are otherwise required by any federal, state or other statute, rule, order or other law to disclose the information and/or records.

At The Mentalaire's Club, we prioritize case consultation and quality client care in accordance with Texas Regulatory requirements. As a result, your therapeutic and rehabilitative sessions may be observed by peers and/or supervising staff. However, rest assured that any shadowing or observation will only take place after you have been consulted and your consent has been obtained.

CLIENT NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you are able to access this information. Please review it carefully. Protecting our clients' privacy has always been important to this practice. A new federal and state law entitled the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. At The Mentalaires Club, we are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those

involved in your treatment; for example, a review of your file by a physician specialist, with whom we may involve in your care plan.

We may use or disclose your health information for payment for your services. For example, we may send a report of your progress to your health insurance company. We may disclose your health information for our normal healthcare operations. For example, one of our staff members will enter your information into our computer. We may share your medical information with our business associates, such as a billing representative or service. We have a written contract with each business associate which requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information to you. We may also want to call and remind you about appointments. If you are not home, we may leave this information on your answering service or with the person who answers the telephone unless you have instructed us otherwise. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all your health information when required by law.

You have the right to know of any uses or disclosures we make with your health information beyond the normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information. You have the right to request an amendment or change to your health information. Supply us, in writing, your request to make changes. If you request to include a statement in your file, please submit it to us in writing. We reserve the right to make the changes or not, however, we will accommodate your request by including your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this policy. If we change any details of this policy, we will notify you of the changes, in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington DC, 20201. If you believe that your privacy has been compromised or if you are seeking more assistance regarding your personal health information, we ask that you first contact The Mentalaires Club, founder and owner Kiandra Harry.

CLIENT NOTICE FOR FILING A COMPLAINT

The nature of the services provided by The Mentalaires Club are voluntary. If at any point in the relationship with your provider, you are unhappy or feeling uncomfortable you are encouraged to discuss them with your provider to find a soluble resolution. The Mentalaires Club team wants you to be happy with your services and encourage open communication to help ensure your wellness needs are being met.

In addition to reaching out to The Mentalaires Club as a first means of filing a complaint you are also able to file a formal complaint with the following government agencies:

Texas Behavioral Health Council
1801 Congress Ave
Suite 7.300
Austin, TX 78701
512-305-7700(voice)

Investigations/Complaints
1801 Congress Ave
Suite 7.300
Austin, TX 78701
800-821-3205 (24-hour, toll-free system)

RELEASE OF RECORDS

All client information is considered strictly confidential (subject to limitations authorized or required by law) and will not be given out to anyone without your prior written consent or other legal authorization. In the event of a request for copies of or a transfer of client records, the records will be forwarded only after receipt by The Mentalaires Club of proper signed written authorization from the client or other authorized persons. Please note that email and text communication is not secure and therefore confidentiality cannot be guaranteed.

RECORDING

The Mentalaires Club strictly prohibits the recording of any services, including audio, video, or other electronic means, without the explicit written consent of an authorized representative. This applies to all services, including individual, couples, family or group therapy, classes or coaching. Any breach of this policy may lead to immediate termination of the services provided.

AFTER-HOURS EMERGENCIES

The Mentalaires Club providers are not available for after-hours emergencies. Messages are checked weekdays during the hours of 9:00 am and 7:00 pm. To leave a message, call your provider directly or call our main office. For after-hours emergencies or if you need immediate assistance, call 911, your medical group or primary care physician. Here are some crisis phone numbers:

- **MHMR of Tarrant County Crisis line: 817-335-3022 or 1-800-866-2465 (toll free)**
- **NATIONAL SUICIDE PREVENTION LIFELINE: 1-800-273-8255**
- **NATIONAL CRISIS TEXT LIFELINE: 98**

CLIENT RIGHTS AND CONSENT FOR SERVICES

The Mentalaires Club does not discriminate based on race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, or sex, including sex stereotypes and gender identity. Please also reference Texas Patients' Bill of Rights (<https://www.hhs.texas.gov/services/your-rights/complaint-incident-intake/what-are-my-rights>).

I have read and understand the above policies. I further understand that the information I have furnished is to be used for management purposes and the agency will ensure confidentiality. I may inquire about or object to the methods and/or type of information stored. My rights are protected under the State and Federal Confidentiality laws and any release of information requires my consent except where required and permitted by law, including child abuse and/or neglect and the intent to harm others or myself. I give my consent to The Mentalaires Club to provide evaluation, treatment and/or other services that we mutually determine to be appropriate. I am participating voluntarily and I understand my right to refuse or discontinue treatment at any time. I have had the opportunity to discuss my reasons for seeking services and I understand my responsibilities in the therapeutic relationship.

Client's Full Name: _____ Client's DOB: _____

X _____
Signature of Client/Parent/Guardian

Date