



1415 Blanding Street #6
Columbia, SC 29201

w. www.downtownchurch.me
p. 803-875-0156

What You Need to Know About Counseling

Your Rights

To help you get the most out of counseling, it is important to know your rights as a client, and to feel comfortable using these rights. The goal is to offer the best possible benefits with the fewest possible side effects.

- You have the right to ask questions about the procedures or techniques being used, and to have the counselor explain those.
- You have the right to decide not to receive treatment from a particular counselor. Counselor/client fit is vitally important to the success of counseling. If you or I have concerns about fit, I can provide you with referrals to other qualified counselors.
- You have the right to terminate counseling at any time with no additional moral, legal or financial responsibilities than those that have already accrued.

Confidentiality, SC Limits of Confidentiality, HIPPA

Information acquired during the course of treatment is to remain strictly confidential. There are, however, instances where counselors are required by law to break confidentiality, without your permission, and report information to appropriate authorities:

1. If I suspect abuse or neglect of a child, dependent adult or the elderly.
2. If you pose a clear and imminent danger to yourself. I always try to work with clients to help them obtain an appropriate level of care; if you are clinically depressed or suicidal, I will ask that you also see a physician who may be able to assess for the possibility of medication.
3. If you pose a clear and imminent danger to another person. I am required by law to inform the intended victim and appropriate law enforcement agencies.
4. If ordered by a court to do so, I may be required by law to provide specific information from your file to the court.
5. If you are in counseling by order of a court of law, the results of the treatment must be revealed to the court.
6. If you choose to sign a waiver of confidentiality (i.e. if you ask me to write a summary to your primary care physician). Please note that in the case of couple or family counseling, each family member who is legally competent to sign a waiver must agree to the waiver for the disclosure to occur.

Fees and Length of Counseling Sessions

A standard 50-minute session of individual, couple or family counseling is \$100.

While I do not participate on any insurance panels, I am happy to provide you any

documentation (including a receipt of services), which you can use to submit to your insurance or your health savings plan. Some insurance plans may cover part of the cost of out of network providers; you would need to call your insurance company to inquire about your plan. Please note that some insurance companies require a mental health/illness diagnosis to pay for sessions, and if a diagnosis is given, that will be recorded into your permanent file. Payment of fees for services is required at the end of each session. Personal check or cash are the only acceptable forms of payment at this time.

I will be able to discuss the probable number of sessions with you after I have gained some knowledge of your situation. In general, the number of visits you require may depend on the nature of problem(s) that exist, the goals and plans we develop, and the effort you are willing to put into working on the problem(s). I will facilitate and guide you through the process of making choices that are right for you. I will not tell you what to do or how to live your life.

The Process of Counseling

Our first few sessions will be spent exploring the problems that bring you to counseling. I will get to know you, how you view yourself and your important relationships, and how you and significant people in your life interact. It is important for you to talk openly and honestly, and I will help you find ways to communicate what you are thinking and feeling. Next, we will decide on goals to work on in counseling. Other individuals may need to be included in this process, such as a spouse, family member, or parent. Who is included in counseling may help accelerate the achievement of goals. We will then develop a plan on how to reach these goals, and work through that plan. We will regularly evaluate the progress we are making, and adjust goals or plans as needed. Counseling will end once your goals are reached.

Possible Side Effects and Benefits

Seeking solutions and making choices to deal with life challenges may result in discomfort. Because counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Making choices can also bring out the negative responses of others who may wish you would make different choices. As coping skills are challenged to pave the way for more stable patterns or choices, problems may get worse before they get better.

However, should you choose to pursue the journey of counseling, you may benefit in many ways. Benefits could include improved relationships (with your spouse, family, child, etc.), finding novel solutions to long-standing problems, significant reductions of distress, modifying unproductive patterns of behavior, and more freedom to live life intentionally. If for any reason you do not believe that counseling is helping, please talk with me about that.

Phone/Electronic Communication

You may call (864) 978-6658 during regular business hours. If I am not available, leave a message and a call will be returned as soon as possible. Please note that this phone may not be checked on a regular basis, so in the event of an emergency, please go to your nearest emergency room or call 911.

Please note that emails are sent over the internet, and there is no way to ensure privacy or confidentiality. It is important to also note that I am required to print copies of any emails you send me to be placed in your file; please do not send clinical or personal information by email.

Supervision and Consultation

Good therapists must, at times, collaborate and share ideas about how best to help their clients. One way to do this is through supervision—a time that professionals meet to discuss cases. I work hard to speak generally about clients and avoid sharing identifying information. I do participate in such supervision, with trusted peers who are also held by the same strict confidentiality laws. If you do not object, I will not tell you about these supervisions or consultations unless I feel it is important to our work together. Please discuss any questions you have about this process with me.

Please ask questions! You may have questions about your counselor, the process of counseling, or anything not addressed in this form. It is your right to have a complete explanation for any of your questions. Exercise this right.

What You Need to Know About Your Counselor

(Professional Disclosure Statement)

Danielle Allen, Ed.S, LPC, LMFT-I, LPCS

Introduction

I am a Licensed Marriage and Family Therapist, Licensed Professional Counselor and a Licensed Professional Counselor Supervisor in the State of South Carolina. I have held the position of Counselor in Residence at DOWNTOWN CHURCH. A counselor since 2007, I worked previously at Richland School District Two as a Family Intervention Specialist and at Epworth Children's Home. I bring over eight years of experience working with families, couples, divorced adults who wish to effectively co-parent, children and adolescents, individuals and groups. My counseling is relationship-based; I believe the power to heal lies with the relationship. Whether working with a couple, family or individual, I treat from a relationship perspective that is based in systems concepts, meaning I always consider the systems a client lives in (family, work, culture, etc.). System theory considers how each part of a system interacts, communicates, and reacts with the other parts. It considers values, patterns, themes and cultures of that system.

Education

Danielle received a Bachelor of Science in Psychology from Wofford College, Spartanburg, SC, and an Education Specialist Degree in Counselor Education with a specialization in Marriage and Family Therapy from the University of South Carolina, Columbia, SC.

Professional Qualifications

Pre-Clinical Fellow, The American Association of Marriage and Family Therapy
South Carolina Licensed Professional Counselor, LPC #5083
South Carolina Licensed Marriage and Family Therapist Intern, LMFTI #5481
South Carolina Licensed Supervisor for Professional Counselors, LPCS #5528

Areas of Specialization

Couple/Marriage Counseling	Family Therapy
Group Counseling	Individual Counseling
Family Life Cycle Issues	Adolescent Therapy/At-Risk Youth
The Good Divorce/Positive Co-Parenting	
Supervision and training for licensure as a Licensed Professional Counselor	

Office Address

Danielle is currently practicing at:
1330 Richland Street
Columbia, SC ZIP

Fee for Service

The fee for a standard 50-minute session is \$100. While I do not file insurance, I am more than happy to provide you with any necessary paperwork to file a claim yourself. Please note that most health insurance companies require a diagnosis of a mental-health illness before they will reimburse counseling sessions; any diagnosis made would become part of your permanent file. Current methods of payment accepted are check or cash.

Legal and Ethical Considerations

As an ethical and legal counselor, Danielle is committed to abiding by all federal and state laws pertaining to counseling and confidentiality and both national and state Codes of Ethics through:

American Association of Marriage and Family Therapy

http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx

These codes include standards of behavior expected of all professional counselors. One example of such behavior regards the ethics of sexual conduct "...sexual intimacy between a practitioner and a client is prohibited."

Complaints

Although clients are encouraged to discuss any concerns initially with their counselor, you may file a complaint against Danielle with the organizations below should you feel she is in violation of any laws or codes of ethics.

SC Board of Examiners for Licensure of Professional Counselors and, Marriage and Family Therapists and Psycho-Educational Specialists

Telephone: (803) 896-4658

<http://www.llr.state.sc.us/POL/Counselors/index.asp?file=complaint.htm>

American Association of Marriage and Family Therapy

Telephone:(703) 838-9808

http://www.aamft.org/iMIS15/AAMFT/Content/legal_ethics/Ethics_Complaint_Process.aspx

Danielle M. Allen, Ed.S, LPC, LPCS, LMFT
1330 Richland Street
Columbia, SC 29201

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 and on my website (if applicable). You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website, which is located at (1330 Richland Street).

III. HOW I WILL USE AND DISCLOSE YOUR PHI. I may 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 healthcare 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.

B. 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:

1. 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.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to state or federal statutes or regulations, such as the Privacy Rule that requires this Notice.
5. 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).
6. 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.
7. If disclosure is mandated by the SC Dept of Social Services. For example, if I have a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by Adult Protective Services. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
9. 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.
10. 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.
11. 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 healthcare organization or provider.
12. 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.

13. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
14. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
15. 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.
16. 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. NOTE: in cases where only a subpoena is issued, this provider will require a court order or the signature of a Release.
17. 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.
18. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally

bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy

practices, I will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES 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 me at:

Danielle M. Allen
1330 Richland Street
Columbia, SC 29201

VII. NOTIFICATIONS OF BREACHES In the case of a breach, Danielle M. Allen requires to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Danielle M. Allen is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. Danielle M. Allen bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VIII. PHI AFTER DEATH Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. Danielle M. Allen may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

IX. Individuals' Right to Restrict Disclosures; Right of Access To implement the 2013 HITECH Act, the Privacy Rule is amended Danielle M. Allen is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring Danielle M. Allen to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that Danielle M. Allen must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct Danielle M. Allen to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that Danielle M. Allen may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

X. NOTICE OF PRIVACY PRATICES (NPP) Danielle M. Allen must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

XI. EFFECTIVE DATE OF THIS NOTICE I acknowledge receipt of this notice on the date written below.

Client Signature: _____

Parent Signature (if client is minor): _____

Date: _____