

NEW STEPS, LC DISCLOSURE

Thank you for choosing New Steps, LC (NS) for your counseling services. The following disclosure is designed to give you information about your time in therapy at NS. All of the New Steps, LC counseling staff are committed to the client's rights of information regarding our policies including confidentiality, consent, and administrative services. In keeping with this policy, we have listed below our various office policies for your information. Please read through these, ask any questions you may have and sign where directed. Thank you for allowing us to serve you.

FULL NAMES AND CREDENTIALS OF THERAPISTS:

Steffon E. Staley, MS, LPC, NCC

CONTACT INFORMATION

You may call (816) 888-1727 regarding any questions you may have. After hours, leave a voice mail message with your contact information and you will be contacted the next business day. New Steps, LC Counseling is not a 24-hour counseling center. In an emergency, please call 911 on go to your nearest emergency room. You may also email steffons@onewstep.com , however, this information is subject to the technology disclosure below.

The Kansas Behavioral Science Regulatory Board has the responsibility of regulating the practice of licensed and unlicensed persons in the field of psychotherapy. The therapists at New Steps, LC have been trained in a variety of treatment methods and will determine which approaches and techniques would most benefit you. These results cannot be guaranteed. Your therapist will be able to discuss average length of treatment for conditions that are similar to yours. You have the right to ask and to know about the techniques and approach of your therapist, and you are also entitled to a second opinion. Please ask your therapist if you would like this information. You may also terminate therapy at any time without penalty as participation in therapy is voluntary.

In a professional relationship (such as ours), sexual intimacy between a therapist and client is never appropriate! If such intimacy occurs, it should be immediately reported in writing to the:

**Kansas Behavioral Science Regulatory Board at
Eisenhower State Office Building
[700 S.W. Harrison St, Ste 420,](https://www.kansas.gov/locations/eisenhower-state-office-building)
Topeka, KS 66603-3817.**

For concerns or complaints about licensed or unlicensed mental health practitioners contact the State Grievance Board.

CONFIDENTIALITY

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. New Steps, LC therapists and office personnel will not inform others that you are in therapy and the content of sessions will remain confidential.

The only time this confidentiality may be broken is if one or more of the following exceptions/conditions apply:

- If you pose physical danger to yourself or others
- If you disclose that you or another person has physically or sexually abused a child, an incompetent or a disabled person, or an elderly person.
- If you disclose that a child, an incompetent or a disabled person, or an elderly person is suffering due to neglect.

If any of the above are disclosed in session, we are mandated by Kansas law to report such information to the appropriate State agency.

Additionally, it is important to know and understand that your information may be shared with other New Steps, LC therapists and administrators for the purposes of case consultation, supervision, billing and other administrative functions. By your signature below you authorize and release your therapist to provide this information to New Steps, LC Counseling as a whole. Your therapist may be under supervision, which means your information may be disclosed to a supervisor outside New Steps, LC Counseling. By your signature you authorize your therapist under New Steps, LC Counseling to release pertinent session information to his or her supervisor. If you have questions, please ask your individual therapist.

It is possible that you and your therapist may run into each other in a public place. Should this occur, the therapist must protect confidentiality by not acknowledging you unless you first acknowledge your therapist. If you approach your therapist, contact should be brief and no therapy material should be discussed so confidentiality can be maintained.

RISKS AND BENEFITS

It is important for you to know that therapy can be beneficial but there are also some risks. Often when processing difficult emotions, you may feel sad, angry, tired, and experience some emotional and even physical strain as a result of the intensity of the therapy process. You should let your therapist know how you are feeling and work with your therapist to contain feelings in between sessions.

TECHNOLOGY

By your signature below, you authorize New Steps, LC Counseling to contact you by phone using the number you provide at intake. If this is not a safe number to leave messages at, please let your counselor know in writing or note this on the intake packet itself. Your therapist may call you on a cell phone both of which may not be completely confidential because of potential technology issues.

Email is not the most confidential mode of communication. If you choose to use email to send information to New Steps, LC Counseling or to a therapist, you do so knowing that this information is at risk, and that your counselor may respond via email.

Text messaging is a popular form of communication. If you choose to text your therapist, this information is at risk as this is not a confidential mode of communication. At New Steps, some therapists accept text messages and some do not. Please clarify how you would like to communicate with your therapist and if you do choose to text, please keep it to a minimum and use it only for scheduling/logistic purposes.

PAYMENT

New Steps, LC Counseling allows the individual therapists to set their own fees with their clients. Please talk to your counselor about his or her own fee schedule. Once you and your therapist agree upon a fee, this will be reported to New Steps, LC for billing and record purposes. This fee is what will apply below under cancellations.

Please make checks payable to New Steps, LC. There is a \$30 returned check fee for any check that we are unable to process due to insufficient funds.

All payments are due at the time of service unless prior arrangements have been made.

SESSIONS

Sessions are normally from 50-60 minutes in length though this may vary based on your individual treatment plan with your therapist.

Please arrive promptly for sessions. Sessions will end at the designated time regardless of when it was started. Therapists are only required to wait 15 minutes past the scheduled time for an appointment before a no-show will be billed.

CANCELLATIONS

We understand that you may need to cancel an appointment. It is helpful for us to know if you will not be coming, so we ask that you give us 24 hours notice for any change or cancellation. Any late cancellation (less than 24 hours notice), change, or missed appointment will be charged the full agreed upon session rate.

AGREEMENT

I understand that, consistent with the HIPAA requirements, consent to treatment and consent to release will expire after twelve months and I may revoke such consent at will, although revocation is not retroactive.

I have been informed of and read the preceding information and agree to it. I authorize treatment of the person named below and agree to pay all fees for services rendered by my therapist.

If you have any questions or would like additional information, please feel free to ask.

Notice of Privacy Practices---HIPAA Compliance

---This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. You have a right to a copy of this notice.

---We have always kept your health information secure and confidential. A new 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.

--We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to the insurance company.

---We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

---We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

---We may use your information to contact you. For example, we may call to remind you of your appointments. If you do not answer the phone, we may leave this information on your answering machine or with the person who answers the telephone.

---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 of your health information when required by law

---Except as described above, this practice will not use or disclose your health information without your prior written authorization.

---You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

---You have the right to know of any uses or disclosures we make with your health information beyond the above 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. With your written consent we will mail or fax copies of your records to another practice.

---You have the right to see and receive a copy of your health information, with a few exceptions. A written request regarding the information you want to see is required. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

---You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add the new information.

---If we change any of the details of this notice, we will notify you of the changes in writing.

---You may file a complaint with the Department of Health and Human Services, 200 Independence Ave., S.W. Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

---This notice goes into effect as of April 14, 2003.