



Grand Rapids Natural Health, LLC
OAKLEIGH COUNSELING SERVICES, LLC
Therapist Devi Fongers, LCSW, MAAT, C-SSWS
www.grnaturalhealth.com

638 Fulton St. W, Suite B
Grand Rapids, MI 49504
T: (616) 264-6556
F: (616) 432-3564
E: info@grnaturalhealth.com

Office Policies & General Information Agreement for Psychotherapy Services (or Informed Consent for Psychotherapy)

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis.

NOTICE: I do understand that Devi Fongers, LCSW, MAAT, C-SSWS doing business as Impact Health: Oakleigh Counseling Services, LLC is a separate entity from Grand Rapids Natural Health, LLC and conduct separate practices from each other. Devi Fongers rents office space from Grand Rapids Natural Health, LLC. Grand Rapids Natural Health, LLC exercises no control over the practice of Devi Fongers. I will not hold Grand Rapids Natural Health, LLC responsible for any actions or inactions of Devi Fongers.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Devi Fongers becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP to process the claims. If you so instruct Devi Fongers, only the minimum necessary information will be communicated to the carrier. Devi Fongers has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job.

PRIVACY STATEMENT: Devi Fongers is required to follow the privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA). She does respect your privacy and will only release medical information about you as permitted or required by law. Devi Fongers is an independent contractor at Grand Rapids Natural Health and will uphold the privacy practices of Grand Rapids Natural Health.

By signing this form, I acknowledge that I have received a copy of the Grand Rapids Natural Health Notice of Privacy Practices. I understand that Devi Fongers and agrees and upholds Grand Rapids Natural Health's privacy practice as stated in the Grand Rapids Natural Health Notice of Privacy Practices.

LIMITS OF CONFIDENTIALITY: The contents of a counseling session are confidential. We will not release any information without a signed *release of information* form except as required by law. The following exceptions are below:

Duty to Warn and Protect: When a client discloses intentions of plans to harm herself, himself, or another person, I am required to report this information to the appropriate authorities and act to protect the intended victim attempt to notify the family of the client.

Abuse of Children and Vulnerable Adults: I am required to make a report if a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or is in danger of abuse.

Prenatal Exposure to Controlled Substances: I am required to report admitted prenatal exposure to controlled substances that are potentially harmful to the unborn child.

In the Event of a Client's Death: In the event of a client's death, the spouse, partner, or parents of the deceased client have a right to access all the child's or spouse's or partner's records.

Professional Misconduct: Professional misconduct by another health care professional must be reported and I may be required to release related records to substantiate disciplinary records

Court Orders: I am required to release client records when a court order has been placed.

Minor Guardianship: Parents or legal guardians of a minor client have the right to access the client's records.

Insurance Companies: Insurance Companies and third-party payers are given specific, yet limited, types of information for billing purposes.

Staff: Those working in the office may encounter client information. Other professionals may provide consultation regarding clients with suggestions for the best possible treatment and resources.

Couples, Groups, and Families: When an individual, by private means, discloses confidential information, that information will not be shared with a group or family member without permission of the clients.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes are vulnerable to such unauthorized access since servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Devi Fongers laptop is encrypted, emails, texts and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Devi Fongers laptop is equipped with a firewall, a virus protection and a password, and he backs up all confidential information from his computer on a regular basis onto an encrypted hard-drive. Also, be aware that phone messages are transcribed and sent to Devi Fongers via unencrypted emails. Please notify Devi if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Devi Fongers profession require that s/he keep treatment records for at least 7years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Ms. Fongers retains clinical records only if is mandated by Michigan law. If you have concerns regarding the treatment records, please discuss them with Ms. Fongers as a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency

circumstances or when Devi Fongers assesses that releasing such information might be harmful in any way. In such a case, Ms. Fongers will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all the above exclusions, if it is still appropriate, and upon your request, Ms. Fongers will release information to any agency/person you specify unless Devi assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Ms. Fongers will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Ms. Fongers between sessions, please leave a message at the answering service (616) 264-6556 and your call will be returned as soon as possible. Ms. Fongers checks her messages during the daytime only,

If an emergency arises, indicate it clearly in your message and if you need to talk to someone right away you may call one of the following numbers:

United Way First Call for Help – 211

Pine Rest Christian Mental Health Services-24-hour hotline: 1-800-678-5500

National Suicide Prevention Hotline 1-800-784-2433

National Domestic Violence Hotline – 1-800-799-SAFE

YWCA Sexual Assault Confidential Crisis Line – 776-7273

Safe Haven Ramoth House Shelter – 1-616-452-6664

Network 180 – 616-336-3765

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard specified fee at the end of each session. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in several benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. Ms. Fongers will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Ms. Fongers may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During therapy, Ms. Fongers is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment

of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. **Ms. Fongers provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within his/her scope of practice.**

TREATMENT PLANS: Within a reasonable period after the initiation of treatment, (therapist's name) will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and his/her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used during your therapy, their possible risks, (therapist's name)'s expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, Ms. Fongers will assess if she can be of benefit to you. Ms. Fongers does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate he will give you referrals that you can contact. If at any point during psychotherapy Ms. Fongers either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to does he will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Ms. Fongers will talk to the psychotherapist of your choice to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Ms. Fongers will give you a couple of referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Ms. Fongers will provide you with names of other qualified professionals whose services you might prefer.

SOCIAL NETWORKING AND INTERNET SEARCHES: At times, Devi Fongers may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

AUDIO OR VIDEO RECORDING: Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Ms. Fongers.

CANCELLATION FEE: Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee. It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is late when the appointment is canceled without a 24-hour notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

I give Grand Rapids Natural Health permission to subscribe me to monthly newsletters and promotional deals.

_____ yes _____ no

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 5 pages); I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____