

Cathy Lebeaux, MA, MS, LPC, BC-DMT

Psychotherapy & Expressive Arts Center, LLC,

222 Coleman Blvd, Mt. Pleasant, SC 29464

Clinical & Professional Agreement for Services & HIPPA

Cathy Lebeaux, MA, MS, LPC, BC-DMT, is a Licensed Professional Counselor in South Carolina. She has over 26 years of experience. She owns the Psychotherapy and Expressive Arts Center, LLC, a private practice as well as teaching graduate students at Antioch University New England. Cathy works from an eclectic approach, favoring Client-Centered, CBT, Jungian, Gestalt, and Psychodynamic approaches. While many sessions are strictly verbal counseling, if a client is interested, expressive arts such as body-based awareness and movement, authentic movement, art, drama, sand tray, visualization, guided imagery, or music therapies can be integrated at no additional charge. Cathy is a Certified Archetypal Consultant, having completed Caroline Myss' program (please refer to the link on her website).

Psychotherapy Services:

Psychotherapy of any type has both benefits and risks. Risks can sometimes include experiencing uncomfortable feeling, remembering unpleasant aspects of personal history, or making difficult changes in life. However, there is significant research that shows that psychotherapy usually leads to a significant reduction in distress, better relationships, and the resolution of specific problems. Unfortunately, there are no guarantees about outcome.

Missed Appointments:

Please give at least 24 hours notice to cancel or reschedule an appointment. Unfortunately, I can not bill insurance if a client misses an appointment so I have to charge the insurance rate (which varies, so clients' are told at the first session), or the self pay rate. Exceptions can be made for emergencies, please always let me know if you can't make an appointment and what the reason is.

Payment:

Payments may be made by credit card, cash, or check, and are due at the time of the appointment. I can email you a written receipt or statement. If your account is more than 60 days late, I reserve the option of using legal means to secure payment including collection agencies or small claims court. The cost of these proceedings are passed onto the client. Only the client's name, address, amount owed, and the fact that it was for outpatient psychotherapy will be disclosed. Clinical records are protected.

Insurance Reimbursement:

I take most BCBS, Tricare-East, and Value Option plans. Please check with your insurance carrier if you have any question about what is or isn't covered (see my website link for the questions to ask). Many insurance plans have a deductible (the amount you have to pay until they start to pay), or copays

(your part of the total cost). I will submit claims for you electronically, but you are responsible for any portion of the fee that insurance company doesn't pay. Please know your benefits. While it's rare, insurance companies have the right to request a clinical diagnosis, treatment plan or summary, or the entire record. If this happens, I will notify you, but their payment maybe dependent upon this information. Of course, I have no control over how any information is used after I release it (only with your written consent).

Client Records:

I will keep your records electronically in a password protected and encrypted program called Therapy Appointment. You can the right to review or receive a copy of your records (or those of your minor child). Records may be released to doctors, lawyers, or other professionals, only by your written request (please fill out a HIPPA Release of Information Form that is on my website).

Contacting Me:

At the first session I will give you my cell phone number. **My preferred method of contact is text or email** at Cathy@CathyLebeauxLPC.com. This is a HIPPA protected email. My phone is password protected but texts, emails, and other communications can sometimes go to unintended people. Please choose the types of communication you prefer on my intake. When you contact me, please be sure to say your name and number because I don't keep client numbers on my phone.

Returning Calls & Emergencies:

I will make every effort to return your call, text, or email as soon as possible. If this is an emergency, or may become one, please call 911 or go to the nearest emergency room.

Social Media:

For your privacy and mine, I don't accept Facebook friend requests from current or former clients and I don't use other social media.

Please don't hesitate to contact me if you have any questions about these policies.

Notice of Policies & Practices Regarding Privacy of Health Information (HIPPA)

The purpose of this section is to inform you about how your protected health information (PHI) maybe used and disclosed and your rights and my obligations to protect it.

1. Uses & Disclosures for Treatment & Payment: With your written permission, I may use or disclose your PHI for your treatment (coordination with your doctor, psychiatrist or other professional (HIPPA Release of Information form), and for payment from insurance companies (you give written permission at the end of this form).
2. Uses and Disclosures Requiring Authorization: I will always ask for a HIPPA ROI before I contact someone on your behalf either verbally and/or in writing. You have the option of releasing or

not releasing your Psychotherapy or Session Notes, which have a higher degree of protection than your basic PHI (which is name, address, diagnosis, treatment plan, dates of service, type of service). You may revoke this permission to release records at any time. It must be in writing and becomes effective as soon as I receive it.

3. Uses & Disclosures with Neither Consent nor Authorization: Under the following circumstances, your PHI may be disclosed without your consent or authorization:
- Child Abuse: I am a mandatory reporter of suspected abuse, neglect, or abandonment and will notify the parent and/or authorities.
 - Adult/Elder Abuse: If I have reasonable cause to suspect an incapacitated adult is the victim of physical, emotional, or sexual abuse, neglect, exploitation, I will report this to the appropriate authorities.
 - Animal Abuse: If an animal is being beaten, abused, or harmed, I will report this.
 - Licensing Board: If the SC Board of Examiners is conducting an investigation of me, I am required to turn over PHI upon the receipt of a subpoena.
 - Judicial and Administrative Proceedings: I will not release your PHI without written permission from you except in cases where I am subpoenaed or Court- ordered. You would be informed of this subpoena.
 - Duty-to-Warn: If there is a serious threat to you or another person, I may find it necessary to disclose PHI in good-faith in order to prevent or lessen a serious and imminent threat to you or other identifiable people. Examples include a serious suicide or homicide threat.
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4. Client's Rights & Therapist's Duties:
- You have the right to refuse or restrict a HIPPA ROI: I am not required to work with a client that refuses or restricts if I don't feel it's in the client's best interests or it interferes with care.
 - You have the right to receive confidential communication by alternative means: Different phone number, email, etc.
 - Right to Inspect & Copy Notes: You may request your notes. If I think that will be harmful to you, I can deny you access and you can appeal my decision.
 - Right to Amend: You have a right to request an amendment of your records. You can add a written comment to your chart, but original records can not be changed. A log of all PHI disclosures will be kept (you are notified of a request and before any PHI is disclosed, and must give permission unless the conditions for unauthorized disclosure are met).

Complaints: Complaints against me maybe made to the South Carolina LLR Board or to HIPPA (on line or by mail). There is no retaliation.

Therapist Duties: I am required by law to maintain the privacy of your PHI according to the law. I am required to notify you of any changes in my HIPPA policy.

Client Responsibilities:

- To pay for sessions at the time of the session and to cover what insurance does not pay
- To give 24 hours notice of the need to cancel or reschedule or be charged (unless its an emergency).
- To notify me of insurance, address, email, text/phone changes

My signature means that I have been given a copy of this statement and have or will read it.

I authorize Cathy Lebeaux to contact me via phone, text, or email_____.

Client Printed Name_____Signature_____

Therapist Signature_____ Date:_____