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## Informed Consent & Policies

I endeavor to run my practice like I run my life, with balance, integrity, hope and surrounded by lots of love.

My clients can expect from me:

- A peaceful therapeutic experience
- Compassion
- Challenges to grow in balance
- Humor and love
- Tailored approach to individual needs

And, since many of my clients require discreetness; privacy is always a top priority.

In the unlikely event that I become unable to serve as your therapist, my colleague, Barbara Koppe, LCSW, has been designated my Professional Executor. She has agreed to assist with any therapeutic issues, referrals, or access to your records.

### **Hours of Practice and Availability of the Therapist**

Appointments are **50 minute** sessions available on Tuesday, Wednesday & Thursday daytime hours. And, when the truly unexpected happens in life, arrangements can usually be made to see existing clients within 48 hours. Phone sessions are also available to existing clients. Existing clients will almost always schedule directly with therapist...no screening of calls with staff. The best way to reach the therapist is: 314.504.6015. Voice mail and texts are checked several times a day. If you need to talk to the therapist sooner than 24 hours, please have the exchange (314.863.8734) page. Email is also available at [linda.hermann.lpc@gmail.com](mailto:linda.hermann.lpc@gmail.com). Communication by email is only for scheduling purposes. Electronic media are generally not considered secure, and confidentiality cannot be guaranteed, although I make every attempt to keep information confidential. If you choose to send me confidential or private information via email, I will assume you have made an informed decision and do so at your own risk.

### **Emergencies**

If you are in extreme duress, or there is a medical/mental health emergency, go to the emergency room and/or dial 911. When you have been stabilized please call the therapist's exchange and have them page her.

### **Confidentiality/Duty to Warn**

Therapy services are confidential, under the terms indicated in the *Privacy Notice*, of which you have received a copy.

Some of the major conditions under which the therapist is not obligated to maintain confidentiality are:

- Danger to self and others
- Abuse of children or vulnerable adults
- Judge issues a court order
- You are seeking out of network reimbursement via an insurance company

The client understands that in couple, parent-child, or family therapy, secrets about important information may interfere with therapy, and the therapist may encourage sharing of critical information with those who should know. In addition, it is understood that in certain instances, it may be difficult to continue therapy if important information is withheld. The client has read and understands how information obtained may or may not be used, as indicated in the *Privacy Notice*. I consult regularly with other professionals in order to improve the services I provide. When I do so, I am very careful to keep each client's identity completely anonymous.

**Fees/Missed Appointments/Cancellations**

The fees for services are payable after each session. The client is responsible for directly paying the therapist, who will provide a receipt for obtaining reimbursement if requested. If payment becomes a problem, this will be discussed directly with the therapist. If the therapist’s fees change during the course of treatment, the client will have one months’ notice. Because your time is saved specifically for you, a fee equal to one session will be collected for any appointments missed without 24 hours advanced notification.

**Insurance**

To support clients’ choices regarding privacy of personal information, Linda Hermann is an “out of network” provider for most insurance companies. After paying the therapist directly, a receipt can be given for submission to insurance for personal reimbursement.

**Electronic/Social Media**

Be assured, I do everything in my power to protect my clients privacy, but electronic media have inert risks All of the electronic media used are secure via password protection and/or encryption. You assume the privacy risks associated with any use you initiate via text, email or other electronic mediums. I do not interface on social media with my clients. I may also use “square” for credit card payments.

**Termination**

Linda’s policy is to support all termination, for whatever reason. When you are ready to leave, Linda would like to help you to leave therapy well. In order to leave well, all you need to do is give advance notice. Several weeks are sufficient, although some clients choose to let the therapist know months in advance.

My signature below indicates I have read the above document and agree to all the things outlined above. It indicates consent to treat, and responsibility for payment.

\_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_  
Printed name

My initials below indicate I agree to the following:

I have received a copy of HIPPA/Privacy Notice. \_\_\_\_\_

I consent to video tape my sessions for the purposes of education/review/  
skill improvement on the part of the therapist. All tapes will  
be destroyed after use in supervision or within 1 year. \_\_\_\_\_

I grant permission for my therapist to correspond with me, and leave messages via:

my cell phone # \_\_\_\_\_ initials \_\_\_\_\_  
text Y/N initials \_\_\_\_\_

my home phone # \_\_\_\_\_ initials \_\_\_\_\_

email \_\_\_\_\_ initials \_\_\_\_\_

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**CLIENT INFORMATION FORM**

*Thank you in advance for completing this form and any others you are given. The information you provide will help me create a treatment plan tailored to meet your needs and those of your family.*

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Your name: \_\_\_\_\_ Your present age: \_\_\_\_\_ years

Your address: \_\_\_\_\_ zip \_\_\_\_\_

Phone : (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

How did you find out about this practice? \_\_\_\_\_

Your gender: M F

Your present employment status (circle all that apply):

Employed full time                      employed part time                      unemployed                      retired  
Full-time homemaker                      student    other

You are currently: (circle one)

Single                      Engaged/Living together                      Married Separated                      Divorced Remarried                      Widowed

Is this your first marriage? \_\_\_\_ if not, how many times have you been married? \_\_\_\_\_

Number of years married to present spouse? \_\_\_\_\_

Have you and your spouse ever been separated? Y/N

When? \_\_\_\_\_ For how long? \_\_\_\_\_

Please provide the following information about your children: (use back of form if needed)

Name                      Birthdate                      Living at Home Y/N? Gender Other helpful info

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Have you ever seen a counselor or therapist (e.g. psychiatrist, psychologist, counselor, social worker, family therapist)? Yes/ No

Please list approximate dates of counseling and reason(s) for contact, beginning with the most recent one:

What was your past therapy like?

Please briefly describe the concern(s) that brought you here today.

Have you ever had treatment for substance use: Yes No

When? \_\_\_\_\_

Are you currently in recovery? \_\_\_\_\_

Do you attend AA or another Twelve Step group? Yes No

Do you currently use any type of mood-altering chemicals? Yes No

If yes, which ones? \_\_\_\_\_

Do you have any medical/physical conditions that would interfere with your therapy? Yes No

If yes, briefly describe

Are you currently taking any medications? Yes No

If yes, please list \_\_\_\_\_

Have you ever been hospitalized for emotional difficulties? Yes No

If yes, list dates and reason(s) for hospitalization, beginning with the most recent one.

Have you ever attempted to harm yourself through cutting or suicide attempts?

If yes, how many times and how recently?

Has any **relative** ever been hospitalized or seen by a counselor (e.g. psychiatrist, psychologist, counselor, social worker, family therapist)?

Yes No

If yes, who and for what reasons?

Are there any legal issues related to/impacting your therapy?

Please describe.

Do you have any religious/spiritual affiliation? If so, please describe.

How satisfied are you with: (1= completely dissatisfied. 6= completely satisfied)

Your life as a whole

1                      2                      3                      4                      5                      6

Your family life

1                      2                      3                      4                      5                      6

Your relationship with your significant other

1                      2                      3                      4                      5                      6

Your relationship with your mother					
1	2	3	4	5	6
Your relationship with your father					
1	2	3	4	5	6
Your relationship with your children					
1	2	3	4	5	6
Your employment					
1	2	3	4	5	6

What do you see as your biggest strengths? Weaknesses?

**Please circle any below that apply (feel free to comment on back):**

I am in a crisis.

I am in a low point in my life.

I was in crisis, but I am stable now, even if everything is not better.

I feel less desperate than I did a while ago, but I am still in pain.

I can cope with life problems.

I have relationships that provide more pleasure than pain.

Life offers opportunities for pleasure.

I have a peaceful and enthusiastic outlook on life.

I desire to create and/or be of service to others.

All my relationships support my happiness.

## **PROVIDER PRIVACY NOTICE & PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Ms. Hermann may use and disclose your PHI in accordance with applicable law and the NBCC *Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

Ms. Hermann is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. She is required to abide by the terms of this Notice of Privacy Practices. She reserves the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that she maintains at that time. She will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **HOW SHE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. She may disclose PHI to any other consultant only with your authorization.

**For Payment.** She may use and disclose PHI so that she can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, she will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** She may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, she may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided she have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, she must make disclosures of your PHI to you upon your request. In addition, she must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the licensed counselor licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably
- able to prevent or lessen the threat, including the target of the threat.

### **Verbal Permission**

She may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI she maintains about you. To exercise any of these rights, please submit your request in writing to Linda Hermann , LPC.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Additionally, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. She may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI she has about you is incorrect or incomplete, you may ask us to amend the information although she is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that she makes of your PHI. She may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. She is not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that she communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **COMPLAINTS**

If you believe she have violated your privacy rights, you have the right to file a complaint in writing with Linda Hermann, LPC or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **She will not retaliate against you for filing a complaint.**

**The effective date of this Notice is November 2020.**