

**Center for Couples & Families, PLLC  
&  
Jordan Therapy Services, LLC**

**The Center for Couples & Families (CCF), PLLC** was founded based on the vision that couples and families deserve the highest quality relational care to achieve their full potential. We believe in tapping into the natural strengths that each us possess, working together, and developing ways that can help us enjoy life and each other more fully. The CCF offers a variety of professional therapy services for the treatment of individual, couple, and family issues. Our CCF staff are trained and licensed therapists that will work with you to form lasting relationships and reach your personal goals.

Per Texas law, specific information regarding your therapist, including educational background, specific credentials, license information, etc. will be provided upon your first visit to our office. In the case that you select a therapist who is under clinical supervision with our practice, you will be provided the name/license information of the clinical supervisor as well.

The following information will provide a summary of our policies, procedures, and confidentiality policy. Specifically, you will receive the following documents: the Policies and Procedures for CCF; and, the Client Records and Confidentiality Policy under HIPAA. After reading these documents, please feel free to ask your therapist or our staff should you have any questions or comments.

***Fees for Service***

Please consult with our office manager and/or your therapist for information regarding fees for services rendered. A therapy hour is 50 minutes which allows 10 minutes for the therapist to complete documentation from visit. A block of sessions can be purchased in advance for a discounted rate. Please talk with your therapist for details.

***Fees for Telephone Sessions***

Fees for telephone sessions are charged on an hourly basis in quarter-hour increments at \$100 per hour. There is a minimum fee of \$25.00. Telephone sessions are usually used only when circumstances prohibit face-to-face



meetings. If you are interested or your circumstances require this accommodation, please visit with your therapist to discuss options.

### ***Fees for Records***

Copies of records are charged by page. Fees for copies are \$0.20 per page and are due in advance. Where records are to be released to a third party, we must have an authorization to release the information signed by you and any other party involved in treatment. If the client is a minor child, parent/s and/or legal guardian/s must sign for treatment and for release of records.

### ***Payment Terms***

Payment for professional services is due when services are rendered. CCF does not accept (bill) insurance. We can complete paperwork from your insurance and you can submit for reimbursement of services rendered. We cannot guarantee reimbursement for services provided. We accept cash, check, and major credit cards. ***Please make all checks out to The Center for Couples & Families.*** Please request a receipt at the time of payment. Receipts will be provided electronically unless otherwise indicated. There will be a \$5.00 processing fee assessed for all debit and credit card transactions.

### ***Exclusion for Expert Witness Services***

You agree that the therapist shall not be called as a witness at any court hearing or trial, arbitration, mediation or before any other tribunal. To the extent that the therapist is compelled to testify as a witness by any party, the Client agrees to pay treble hourly rates plus reasonable expenses incurred regardless of the requesting party.

### ***Scheduling of Sessions***

CCF shall use reasonable diligence in scheduling all sessions at the convenience of all Clients. There is no guarantee or representation that a requested day or time is available. All sessions must be scheduled during our normal office hours, which are 9:00 AM to 9:00 PM Monday through Saturday.

### ***Cancellation and No-Show Fees***

For cancellations less than 24 hours prior to the session and for no shows, CCF shall charge the Client the amount of a regular session (i.e. full insurance rate or private pay fee). Repeated cancellations and/or no shows may be grounds to terminate therapy.



### ***Client Rights***

As a client, you have the certain rights during the course of your therapy, as follows:

- You have the right to see your Records. (Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.)
- You have the right to request a copy of your Records, and we have the right to charge you a reasonable fee for them. (Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.)
- You have the right to request amendments to your Records.
- You have the right to receive a history of all disclosures of any protected health information (PHI). We have the right to charge you a reasonable fee.
- You have the right to restrict the use and disclosure of your protected health information (PHI) for the purposes of therapy, payment, and operations.
- You have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

### ***Disclosures***

During the course of therapy, you should be aware and understand the following:

- Therapy may not be successful and could open unexpected emotionally sensitive areas. Success requires Client participation and commitment.
- Although therapy is not for everyone, there may be risks associated with not engaging in therapy. Please discuss with your therapists the pros and cons of engaging or not engaging in therapy.
- If you do not feel that this organization and/or therapist is a good fit, CCF will help provide you with several referrals in order to seek



appropriate treatment. These referrals are suggestions; you have the right to seek out other referrals or not contact suggested referrals.

- The following therapy modalities and frameworks are generally used with our Clients: a) general systems theory; b) emotionally focused therapy for couples and families; c) cognitive behavioral therapy; d) solution focused therapy; e) narrative therapy; f) behavioral and cognitive therapy; g) social constructionism, and h) biofeedback and EEG neurofeedback. In addition, evidence based practice and practice based evidence models are used when available and appropriate for various presenting problems. These are widely-used, generally accepted modes of therapy.
- Your therapist is not a physician and cannot prescribe medications.
- Your therapist may need to consult with your physician, attorney, or other therapist. Prior to disclosure of any Protected Health Information, you must consent in writing to disclosure of such information.
- Your therapist is not available 24 hours a day; if an emergency occurs, please contact 911 or go to your local hospital.
- If you do not wish to contact 911, you may contact the following hotlines: Bay Area Crisis Hotline, 281-282-6046; Houston Hotline, 713.HOTLINE.
- CCF does not keep or maintain emergency staff; if an emergency occurs, please contact 911 or go to your local hospital.
- Your therapist is not an attorney and cannot give legal advice.
- Your therapist is not a financial consultant and cannot give investment or financial advice.
- Your therapist is providing therapy and is not an expert witness, unless alternative arrangements are made in advance.
- The therapist is not obligated to respond to telephone calls or relay any opinions to others. A therapist may, upon your request and with your authorization, discuss your therapy with other professionals. We must agree in writing, and you must pay for this service at our regular rates. We can refuse at our sole and exclusive discretion.

### ***Acknowledgement of Disclosures***

Prior to your counseling or therapy, you will receive copies of the following documents: (1) these Policies and Procedures; and, (2) Your therapist's curriculum vitae; (3) Client Records and Confidentiality Policy under HIPAA; and (4) Client Consent. You must sign the Consent prior to any therapy. Your



signature certifies that you have you have received, read, and understand these documents. This certificate will be placed in your counseling/therapy file. Please do not sign the certificate if you do not understand any part or you have questions. Your therapist will be happy to explain these documents further.

***For Complaints, contact:***

**American Association of Marriage & Family Therapists**

1135 15<sup>th</sup> Street, Suite 300  
Washington, DC, 20005-2710  
(202)452-0109  
[www.aamft.org](http://www.aamft.org)

**TX Board of Marriage & Family Therapists**

Texas State Board of Examiners of Marriage and Family Therapists  
Texas Department of State Health Services  
Mail Code 1982  
P.O. Box 149347  
Austin , Texas 78714-9347  
E-mail: [mft@dshs.state.tx.us](mailto:mft@dshs.state.tx.us)  
Telephone: (512) 834-6657  
Fax: (512) 834-6677  
<http://www.dshs.state.tx.us/mft/>



## **Client Records and Confidentiality Policy under HIPAA**

The following document is our standard policy relating to Client records and Confidentiality under HIPAA. Your therapist and PCCF are committed to these policies for the protection of our Clients.

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.

The Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule addresses the use and disclosure of individuals' protected health information ("PHI").

During the course of therapy, the Therapist shall keep and maintain accurate records of therapeutic services to include, but not be limited to, dates of services, types of services, progress or case notes and billing information (collectively referred to as the "PHI"). PHI may include, but is not limited to the identity, diagnosis, evaluation, or treatment of the Client. PHI may also include, but are not limited to, any information revealed by you in counseling or a therapy session and most information placed in your file.

PCCF considers all information acquired during therapy as Protected Health Information under the Privacy Rule. As such, your therapist may disclose your PHI in only two circumstances: (a) you specifically authorize it; or (b) there is a specific exception under the HIPAA rule.

Your therapist may disclose PHI where such disclosure is for treatment, payment, or operational purposes. For example, PCCF schedules facilities with a third-party provider. We consider having an appointment with a therapist as PHI. Prior to your appointment, we may disclose the day and time of your appointment to our provider for purposes of securing appropriate facilities and confirming your appointment. Therefore, we may disclose the day and time of your appointment with our third-party provider.



You therapist may also disclose PHI in other situations: (1) where uses and disclosures are required by law; (2) where uses and disclosures concern victims of abuse, neglect, or domestic violence; (3) where uses and disclosures are for health and oversight activities (4) where uses and disclosures are for judicial and administrative proceedings; (5) where uses and disclosures are for law enforcement purposes; (6) where uses and disclosures are for research purposes; (7) where uses and disclosures are to avert a serious threat to health or safety; (8) where uses and disclosures are required under Workers' Compensation.

The Therapist shall keep your PHI for a minimum of 5 years for an adult client and 5 years beyond the age of 18 for a minor.

Our therapists are considered professionals under Texas law, to the extent they are licensed or certified in the diagnosis, evaluation or treatment of any mental or emotional disorder. Communications between a Client and a professional are confidential and may not be disclosed in civil cases. Records of the identity, diagnosis, evaluation, or treatment of a Client which are created or maintained by a professional are confidential and shall not be disclosed in civil cases.

There are important exceptions to confidentiality. Under Texas law, a therapist is required to report the following: (a) abuse or neglect of minors; (b) abuse, neglect, or exploitation of elderly or disabled persons; (c) abuse, neglect, and illegal, unprofessional, or unethical conduct in an in-Client mental health facility, a chemical dependency treatment facility or a hospital providing comprehensive medical rehabilitation services; (d) sexual exploitation by a mental health services provider; (e) certain release and exchange of information concerning the treatment of a sex offender. In addition, a therapist must report sexual misconduct as follows: the Therapist has reasonable cause to suspect that a client has been the victim of a sexual exploitation, sexual contact, or therapeutic deception by another licensee or a mental health services provider during therapy or any other course of treatment, or if a client alleges sexual exploitation, sexual contact, or therapeutic deception by another licensee or mental health services provider (during therapy or any other course of treatment). Finally, our therapists will warn others if he or she reasonably believes that you may inflict harm on yourself or others. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.



***The consent form will be printed by your therapist for your signature on the day of your visit to the clinic.***

***Client Consent***

I acknowledge that I have received, read, understood, and consent to the following documents: (1) the Disclosures; and, (2) my therapist’s curriculum vitae; (3) the Client Records and Confidentiality Policy under HIPAA; and (4) this Client Consent (collectively as the “Documents”). I further acknowledge that I seek and consent to therapy with the therapist. I agree to comply with all of the policies and procedures of South Shore Center for Couples & Families.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Date

If more than one individual (e.g., spouse or family member) is seeking therapy, please have each of the others sign below. Signatures below confirm that each understands and accepts all the information contained in the Administrative Documents, and that each seeks and consents to treatment. We will provide additional copies of the Administrative Documents upon request.

\_\_\_\_\_  
Signature of Client #2

\_\_\_\_\_  
Signature of Client #5

\_\_\_\_\_  
Signature of Client #3

\_\_\_\_\_  
Signature of Client #6

\_\_\_\_\_  
Signature of Client #4

\_\_\_\_\_  
Signature of Client #7

