

## **Informed Consent**



**Akoma Counseling Concepts, LLC**  
EMPOWERING STRONG WOMEN TOGETHER

### Counselor-Client Service Agreement

#### **Confidentiality:**

Welcome to Akoma Counseling Concepts, LLC. This form contains important information about my professional services and business policies. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. It is very important that you understand this form. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

This document provides guidance about key elements of the requirements of the Health Insurance Portability and Accountability Act (HIPAA), federal legislation passed in 1996 which requires providers of health care (including mental health care) to ensure the privacy of patient records and health information. HIPAA required the federal Department of Health and Human Services (HHS) to develop regulations to implement these privacy requirements, called the Privacy Rule, which became effective on April 14, 2003.

The HIPAA Privacy Rule provides the first comprehensive Federal protection for the privacy of health and mental health information. The Rule is intended to provide strong legal protections to ensure the privacy of individual health information, without interfering with patient access to treatment, health care operations, or quality of care.

The Privacy Rule applies to “covered entities” which generally includes health plans and health care providers who transmit health information in electronic form. Covered entities include almost all health and mental health care providers, whether they are outpatient, residential or inpatient providers, as well as other persons or organizations that bill or are paid for health care.

### **Basic Principles of the Privacy Rule:**

The Privacy Rule protects all “protected health information” (PHI), including individually identifiable health or mental health information held or transmitted by a covered entity in any format, including electronic, paper, or oral statements.

A major purpose of the Privacy Rule is to define and limit the circumstances under which an individual's PHI may be used or disclosed by covered entities. Generally, a covered entity may not use or disclose PHI to others, except: as the Privacy Rule permits or requires; or as authorized by the person (or personal representative) who is the subject of the health information. A HIPAA-compliant Authorization must contain specific information required by the Privacy Rules.

A covered entity must provide individuals (or their personal representatives) with access to their own PHI (unless there are permitted grounds for denial), and must provide an accounting of the disclosures of their PHI to others, upon their request.

The Privacy Rule supersedes State law, but State laws which provide greater privacy protections or which give individuals greater access to their own PHI remain in effect.

### **Permitted Uses or Disclosures of PHI Without Authorization:**

Extensive provisions of the Privacy Rule describe circumstances under which covered entities are permitted to use or disclose PHI, without the authorization of the individual who is the subject of the protected information. These purposes include, but are not limited to, the following:

A covered entity may disclose PHI to the individual who is the subject of the information.

A covered entity may use and disclose protected health information for its own “treatment, payment, and health care operations.”

Treatment is the provision, coordination, or management of health care and related services for an individual, including consultation between providers and referral of an individual to another provider for health care.

Payment includes activities of a health care provider to obtain payment or to receive reimbursement for the provision of health care to an individual.

Health care operations include functions such as: (a) quality assessment and improvement; (b) competency assessment, including performance evaluation, credentialing, and accreditation; (c) medical reviews, audits, or legal services; (d) specified insurance functions; and (e) business planning, management, and general administration.

Permission may be obtained from the individual who is the subject of the information or by circumstances that clearly indicate an individual with capacity has the opportunity to object to the disclosure but does not express an objection. Providers may also rely on an individual's informal permission to disclose health information to an individual's family, relatives, close personal friends, or to other persons identified by the individual, limited to information directly related to such person's involvement.

When an individual is incapacitated or in an emergency, providers sometimes may use or disclose PHI, without authorization, when it is in the best interests of the individual, as determined by health care provider in the exercise of clinical judgment. The PHI that may be disclosed under this provision includes the patient's name, location in a health care provider's facility, and limited and general information regarding the person's condition.

Providers may use and disclose PHI without a person's authorization when the use or disclosure of PHI is required by law, including State statute or court order.

Providers generally may disclose PHI to State and Federal public health authorities to prevent or control disease, injury, or disability, and to government authorities authorized to receive reports of child abuse and neglect.

Providers may disclose PHI to appropriate government authorities in limited circumstances regarding victims of abuse, neglect, or domestic violence.

Providers may disclose PHI to health oversight agencies, (e.g., the government agency which licenses the provider), for legally authorized health oversight activities, such as audits and investigations.

PHI may be disclosed in a judicial or administrative proceeding if the request is pursuant to a court order, subpoena, or other lawful process (note that "more stringent" NYS Mental Hygiene law requires a court order for disclosure of mental health information in these circumstances).

**Providers may generally disclose PHI to law enforcement when:**

-Required by law, or pursuant to a court order, subpoena, or an “administrative request,” such as a subpoena or summons The information sought must be relevant and limited to the inquiry.

-To identify or locate a suspect, fugitive, material witness or missing

-In response to a law enforcement request for information about a victim of a crime

-To alert law enforcement about criminal conduct on the premises of a HIPAA covered entity.

-Providers may disclose PHI that they believe necessary to prevent or lessen a serious and imminent physical threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat).

-An authorization is not required to use or disclose PHI to certain government

-programs providing public benefits or for enrollment in government benefit programs if the sharing of information is required or expressly authorized by statute or regulation, or other limited circumstances

**-“Minimum Necessary” Rule:**

A covered entity must make reasonable efforts to use, request, or disclose to others only the minimum amount of PHI which is needed to accomplish the intended purpose of the use, request or disclosure. When the minimum necessary standard applies, a covered entity may not use,

disclose, or request a person's entire medical record, unless it can specifically justify that the entire record is reasonably needed.

The minimum necessary standard does not apply under the following circumstances:

disclosure to a health care provider for treatment;

disclosure to an individual (or personal representative) who is the subject of the information;

use or disclosure made pursuant to an Authorization by the person (or personal representative);

use or disclosure that is required by law; or

disclosure to HHS for investigation, compliance review or enforcement.

### **CONFIDENTIALITY**

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. This document can also be found on the Akoma Counseling Concepts, LLC website.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I will also contact the police and ask them to protect your intended victim.
2. I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. I believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the DC Mobile crisis team..
4. You and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell

me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

### **Professional Records**

Federal and state laws require that I keep confidential records of our therapy sessions. These records are stored in a confidential file via electronic medical records or paper file. Your insurance company may have access to these records to provide reimbursement of services, information such as your diagnosis and description of services will be shared with your insurance provider.

### **Emergency Situations**

In the event you are experiencing a psychiatric emergency please call 911 or visit your nearest emergency room. You can also contact local crisis phone numbers that may be provided to you via your therapist.

### **Counseling Services and Risks**

I understand that all services from counseling are not guaranteed outcomes but are a means of alternative intervention and psycho-education to promote knowledge. Counseling sessions range from 45 -60 minutes. Couples sessions and group sessions can be up to 90 minutes. Mental health counseling has both benefits and risks. The risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counseling often requires discussing the unpleasant aspects of your life. However, counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Please know there are no guarantees about what will happen. Counseling requires a very active effort on your part. In order to be most successful, you the client will have to work on things we discuss outside of sessions.

The first 2-3 sessions will involve an evaluation of your needs (what brings you to therapy). By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment

plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my process and procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health clinician.

### **Appointments**

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of \$50.00. You are responsible for attending your session on time; if you are late, your appointment will still need to end on time.

### **Fees**

Currently I accept Amerihealth Caritas DC, we expect to accept Magellan, and CareFirst Insurance soon. The standard fee for the initial intake is \$120.00 and each subsequent session is \$100.00. Couples sessions are \$150.00 per hour. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by cash or credit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

### **Coordination of Care**

- I consent to Akoma Counseling Concepts, LLC to coordinate care with my primary care provider and other physicians** (You will be asked to sign release of information).
- I do not consent to coordinate care with Akoma Counseling Concepts, LLC**

Shivonne A. Odom, M.Ed., NCC, CSC, LCPC, LPC is a national certified counselor, a certified school counselor in the District of Columbia, a Licensed Clinical Professional Counselor in the state of Maryland, and a Licensed Professional Counselor in the District of Columbia. I hold a Bachelor of Arts in Psychology from the University of Massachusetts, Boston campus, and a Master of Education in Counseling Psychology from Howard University. The District of

Columbia and Maryland State Department of Health require that I maintain records, provide disclosure information to all clients, and that I make the following statement to clients:

As a counseling client you have the right to choose a counselor who best suits your needs and purposes. The first session is an opportunity for both client and counselor to evaluate whether or not this particular professional relationship is right for each party.

### **Method Of Counseling**

Ms. Odom utilizes an eclectic counseling model that is primarily influenced by Cognitive Behavioral Therapy, Client Centered Therapy, Interpersonal therapy. and Afrocentric Therapy. There may be times where the counseling methods used may require home work assignments, tests, and assessment.

### **Contacting me**

I am available via phone between 10 am and 7pm Monday-Saturday. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe please call 911 or visit your nearest emergency room.

### **Termination and Procedures:**

You have the right to end therapy without moral, legal, or financial obligations other than those already accrued. You may decide to receive therapy elsewhere and request referrals from Akoma Counseling Concepts, LLC. If you do not keep appointments, or fulfill financial responsibilities, or violates specified counseling policies, your therapist may terminate services with a written notice of termination.

### **Complaints or Grievances:**

Complaints or Grievances are accepted by Shivonne A. Odom, LCPC, LPC (202)905-2725.



I wish to receive counseling from Akoma Counseling Concepts, LLC.

I consent to enter into therapy with Akoma Counseling Concepts LLC and I accept responsibility for my part of the counseling process in accordance with the policies and procedures specified in the Akoma Counseling Concepts LLC Notice of Privacy Practices and the statement of policies in this informed consent document.

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**Client's Name (printed) and date**

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**Client's Name (signature)**

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**Clinicians Name (printed) and date**

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**Clinician's Name (signature)**

**This information is required by**