



Online Client Handbook

Congratulations on taking this first step on the path to wellness with us! Below you will find information about privacy, practices, expectations, and answers to many questions people have when starting counseling services. If you have questions, please ask your Therapist directly or contact us at 1-888-PATH.

Mission Statement

Core Purpose:

Our core purpose is to provide our clients with the highest quality mental health services available in the area. We are a compassionate team of professionals who have committed to the unique excellence demanded by private practice. We strive to provide support to individuals and families to assist them in reaching their fullest potential.

Core Values:

We pride ourselves on our responsiveness. Responsiveness is treating everyone we encounter with the level of care that we want and expect for our family members. Our clients' needs are of prime importance to us. Responsiveness is offering our very best, in a timely and efficient manner, to be as kind and helpful as possible. We strive to do everything that we can, for everyone that we serve, every time.

Effectiveness:

Effectiveness is continuously improving our professional competence through ongoing education, consultation, experience, and reflection. Effectiveness means knowing and implementing the best treatment practices available, practicing within our areas of expertise, and referring clients to other resources whenever it is in their best interest.

Emergencies:

Definition of an Emergency:

An emergency is any life-threatening situation in which an individual is distraught and acting out of control, imminently threatening harm to themselves or others, acting on a suicide threat, homicidal or exhibiting threatening behaviors, performing self-injurious behaviors requiring immediate medical attention, severely impaired by drugs or alcohol, exhibiting highly erratic or unusual behavior that indicates unpredictable behaviors or an inability to properly care for themselves, is severely disoriented or out of touch with reality, or has a severe inability to function.

Your Procedure For an Emergency Situation:

In the event of any life-threatening emergency, you should **CALL 911 immediately**. If someone is seriously hurt, is in grave danger, has attempted suicide, or there is a weapon involved, call **911 immediately**. If you



need to speak to someone during business hours, and your concern is not an emergency, call your primary clinician. He/she will have given you their office number.

Once your family member is safe, contact your Therapist to update them. Please understand that if it is after office hours, the Therapist may not be able to return your call right away, but please leave a message.

Resources and Additional Phone Numbers:

Abuse Reporting Hotline:	1-800-96- ABUSE
Suicide Hotline:	1-800-SUICIDE
Abuse/Neglect Hotline	1-800-962-2873
Domestic Violence Hotline	1-800-799- SAFE
Sexual Assault Hotline	1-800-656-HOPE
Teen Talk Line	1-800-273-TALK

What Can you Expect from Counseling?

Collaboration: Counseling is not about giving direct advice but the collaborative efforts of a Team consisting of the client and Therapist. Counseling services provide support, increase functioning, decrease emotional distress and negative behaviors that are not producing desired results in your life (personal, professional, relationships). We utilize a person-centered-strengths- based approach which takes into consideration your Individual Strengths, Needs, Abilities, Preferences, and Challenges.

Personal Growth/Transformation: Psychotherapy provides opportunities to better understand yourself as well as any challenges or difficulties you may be experiencing. Your participation is crucial and may result in many benefits, including reduction of anxiety and stress, decrease in negative thinking and self-sabotaging behaviors, improvement in your relationships, and an increase in self-confidence. During the therapeutic process, it is common for some clients to feel worse before they begin to feel better. This is a normal course of events in counseling treatment. This is a surprise to many but is usually over quickly.

Engagement/Participation: For therapy services to work effectively, it often requires substantial effort on the part of the client including active participation in the process, honesty, and motivation/willingness to change your thoughts, feelings, and behaviors. Crossroads Counseling has the right to close your client file if they feel that you are non-compliant with therapeutic activities or policies and procedures. If so, they will refer you to another counseling source.

Crossroads Counseling Promises to You, our Client:

Client Safety: We want you to be and feel SAFE while in our care, therefore, we only use treatments and methods that have substantial evidence supporting both safety and effectiveness to the participants.

Respectful Treatment: You and your family members will be treated with courtesy and respect by all Crossroads Counseling staff. Services shall not be denied to any person on the grounds of race, ethnicity, age, color, religion, gender, nationality, sexual orientation, handicap, or developmental disability.



Confidentiality: Your Information will not be shared with anyone without your specific permission, but there are exceptions to this by law previously mentioned in privacy exclusions located below under **HIPAA**. Regarding Minors, to maintain trust and depending on the client's age and development, we may share private information with the family only on an as-needed basis (safety issues will always be communicated). General information shared by your child is considered private and will not be shared without their permission.

Appropriate Care: You will receive appropriate mental health care or will be provided with a referral to another qualified provider, if needed.

Client Rights: 1) You have the right to ask questions and learn about the counseling process, 2) to know the qualifications of your provider(s), 3) to consent to or refuse treatment, 4) to have confidentiality of your records, 5) have the right to inspect your records, 6) to be informed of your condition, and 7) to know the costs of all services.

Client Responsibilities:

Attendance: It is expected that you will keep all appointment times and scheduled sessions. Should you need to cancel or reschedule an appointment, we require at least 36 hours' notice when possible. If you cannot provide this notice, or do not show for an appointment, you may be charged \$50. Three (3) or more no-shows or cancellations in 2 months can result in termination of services.

Participation: Your treatment is all about YOU! You are highly encouraged to actively participate and TALK to your Therapist at every session, to stay involved in your treatment plans, objectives, and to complete all treatment recommendations, activities, and homework assigned by your Therapist.

Please do not attend an appointment under the influence of alcohol or any mood-altering substances, unless prescribed and only as prescribed by a physician. If you do, you will be asked to reschedule and may be charged \$50 (since we cannot fill your spot with another client).

Notification of Any Changes: You are responsible to inform your Therapist if your medications change, you relocate/move (especially out of Florida), change phone numbers, and if your insurance coverage has changed.

Payment: All payments are to be made at the time of service (self-pay or co-pay). If your insurance coverage requires a co-payment, you are responsible to pay it to Crossroads Counseling on the day of services. If your insurance coverage stops, you have the option to 1) self-pay, 2) stop services immediately (you need to contact us), 3) or to contact your insurance to seek more services. Crossroads Counseling reserves the right to close your client file if you fail to pay such co-pays as required by state law. If we terminate services due to non-payment or insurance, we will refer you to another provider.

Client Obligations: You are obligated to follow all treatment recommendations of your Therapist, including those for outside medical/psychological evaluations, medication evaluations, psychological/psychiatric assessments, and to follow the objectives in your collaborative treatment plan. Note: we do not prescribe any medications, we will ask if you are taking them as prescribed by your provider.

Health Insurance Portability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal state law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment/billing, and health care operations. HIPAA requires that Crossroads Counseling provide you with a Notice of Privacy Practices for use and disclosure of PHI for your treatment,



payment, and mental health care operations. This information explains HIPAA and its application to your PHI in greater detail. The law requires we obtain your signature acknowledging your receipt of this information. If you have questions, it is your right and obligation to ask us so we can provide explanations to you. When you sign for receipt of this document, it represents an agreement with us. You may revoke this agreement at any time in writing. That revocation will be binding unless we have taken action in reliance on it.

Limits on Confidentiality

The law protects the privacy of all communications between you and your Therapist. Most commonly, we can only release information about your treatment to others if you sign a written permission (authorization form) that meets legal requirements made by HIPAA. However, there are certain situations where we are permitted or required to disclose your information without your consent or authorization. If this situation occurs, we limit the information to only what is necessary. **Reasons we may have to disclose your PHI without authorization include the following:**

Legal Proceeding- If you are involved in a legal proceeding and the court makes a request for information regarding your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if we receive a subpoena of which you have been properly notified and you have failed to notify us that you oppose the subpoena. If you are involved in litigation, we highly recommend you consult an attorney to determine whether the court will likely order us to disclose your information.

Government Agency: If a government agency requests your information for your health oversight, within its legal authority, we may be required to provide it to them.

Lawsuit: If a client files a complaint or lawsuit against us, we may have to disclose relevant information to defend ourselves.

Worker's Compensation: If a client files a worker's compensation claim, and we are providing necessary treatment documentation related to that specific claim, we must, upon appropriate request, submit treatment reports to appropriate parties, including client's employer, insurance carrier, or an authorized rehabilitative provider.

Business Associates: We may disclose the minimum health information to Crossroads Counseling business associates that perform functions on our behalf or provide services if that information is necessary for those functions or services.

Below are examples of situations where **we are legally obligated to take actions and we believe are necessary to attempt to protect others from harm.**

Abandonment, Abuse, Neglect of Minor- If there is knowledge, or reason to suspect, that a child under 18 years old has been abandoned, abused, or neglected by a parent, legal guardian, caregiver, or any other person responsible for that child's welfare. The law requires that we file a report with the Florida Abuse Hotline. When a report is filed, we may be required to provide additional information.

Abuse, Neglect, Exploitation of Vulnerable Adult- If we have knowledge or reason to suspect that a vulnerable adult has been abused, neglected, or exploited- the law requires that we file a report with the Florida Abuse Hotline. When a report is filed, we may be required to provide additional information.

Immediate Probability of Physical Harm- If we suspect or believe that there is a clear and immediate danger of physical harm to the client, to other individuals, or to the public (society), we may be required to disclose



information to initiate protective actions, including communicating the information to the potential victim, and/or appropriate family member(s), and/or the police or to seek emergency hospitalization for the client.

Client Rights- HIPAA

Amendments/Changes- If you believe the information in your file is incorrect and/or missing information, you can request we make certain changes to your health information.

Confidentiality- You have the right to have your mental health care information protected. If you self-pay for services, you can request that we not share that information for the purpose of payment or our operations with health insurer. We will agree unless the law requires us to share that information.

Copy of this Notice- If you receive this document electronically, you can request an email copy.

Inspection and Copy- You have the right to inspect or obtain copies of your PHI. Written requests must be obtained and a release of information must be completed. Please allow at least 2 weeks for processing and a charge of \$1 per page. If we refuse your request, you have a right of review, which we will discuss with you upon request.

Release Information- You have the right to send us a written request consenting to releasing your health information to any person or agency you designate. Note: We could discuss if releasing that information is potentially harmful to you.

Restrictions- You have the right to request certain restrictions on certain uses and disclosures of PHI, however, we are not required to agree to a restriction you request.

Someone Acting for You- If someone is your legal guardian/custodian, that individual can exercise your rights and make decisions on your behalf about your health information. We will ensure that the person has the authority to act for you.

Termination- You have the right to terminate services with us at anytime without legal or financial obligations other than those already accrued (services rendered). We ask that you discuss your decision to terminate with your Therapist in session or contact your therapist by phone letting them know you are terminating.

Our Duties Regarding PHI

Crossroads Counseling is required by law to maintain the privacy of your PHI and to provide you with a notice of your legal duties and privacy practices with respect to PHI. If we revise our Policies and Procedures, we will provide you with a revised notice.

Requests, Comments and Concerns

You can send us any feedback, requests, or complaints to Crossroads Counseling, P.O Box 784, Tarpon Springs, FL, 34688 or email us directly Eastlaketherapists@gmail.com