

1. HCC Informed Consent

Healing Counseling Center Inc.

Informed Consent General

- Heidi Johanson, MS, LPC-S
- Laurie Todd, MS, LPC-S
- Lindsey Smith, MS, LPC
- Lindsay Hinojosa, MA, LPC
- Lauren McMillan, MS, LPC
- Alysse Shropshire, MS, LPC
- Alexandra Gartley, MS, LPC
- Eniola Joke Dada, MS, LPC
- Barbara Crump, MS, LPC-S, LMFT
- Jessica Utley, MS, LPC, LCDC-I
- Tania Kader, MS, LPC
- Manuel Vicente, MEd, LPC
- Patricia Segovia, MS, LPC Associate Supervised by Laurie Todd, LPC-S
- Ryan Ross, MS, LPC Associate Supervised by Heidi Johanson, LPC-S
- Ariel Davis, MEd, LPC Associate Supervised by Heidi Johanson, LPC-S
- Taylor Buckner, MS, LPC Associate Supervised by Heidi Johanson, LPC-S
- Catherine Bolotte, MEd, LPC Associate Supervised by Heidi Johanson, LPC-S
- Rylee Hallum, MS, LPC Associate Supervised by Heidi Johanson, LPC-S
- Priya Bhakta, MA, LPC Associate Supervised by Heidi Johanson, LPC-S
- Zeeshan Hussain, MA, LPC Associate Supervised by Laurie Todd, LPC-S
- Brandi Oglesby, MA, LPC Associate Supervised by Laurie Todd, LPC-S

Blake Thomas, MA, LPC Associate Supervised by Laurie Todd, LPC-S

Marisa Thompson, MS, LPC Associate, NCC Supervised by Laurie Todd, LPC-S

Remmy Williams, MA, LPC Associate Supervised by Heidi Johanson, LPC-S

This agency holds confidentially in the highest regard, from your identity to the information you offer in session. It is understood that as part of your healthcare, the undersigned therapist originates and maintains health records describing your health history, symptoms, evaluations and test results, diagnosis, treatment, psychotherapy notes, and any plans for future care or treatment. All client information is protected under both state and federal confidentiality laws. Specific information pertaining to your case will not be released to anyone except as allowed or required by law, including the following situations: 1. If there is cause to believe that a child, elderly or disabled person has been abused or neglected or is in danger of being abused or neglected, we are required to report all relevant information to the Texas Department of Protective and Regulatory Services or the police. 2. If we determine that there is a probability of imminent physical injury by a client to the client or others or there is a probability of immediate mental or emotional injury to the client, we are permitted to contact medical or law enforcement personnel. By signing below and accepting services from this agency, you give your consent for us to take whatever responsible action we determine necessary to prevent harm to any person or property including notifying all the persons or entities listed in this same paragraph. 3. In response to a court order, we may be required to provide the court, litigants or other third parties with verbal testimony, information in the form of a report or summary, and/or records such as clinical notes, testing, letters and ledgers in the event that your counselor or Healing Counseling Center INC. is subpoenaed to appear in court on the behalf of the client the following fees will apply: \$200.00 per hour which includes travel time to and from court or other location, \$200.00 an hour for documentation preparation, as well as any attorney fees Healing Counseling Center INC. acquires. Court appearances will require a \$500 court deposit paid when subpoena is issued. this deposit amount will be put toward your final court cost balance. 4. If you are coming to this agency for a court-ordered substance abuse evaluation, all information regarding the evaluation will be forwarded to your probation officer or other necessary parties. 5. When employees, volunteers and contractors of this agency who may be involved in your treatment, supervision of your therapist or who may need to access information about you or from your records to fulfill their functions for the agency. You acknowledge and, by signing this information and consent form below, agree that neither you nor the undersigned therapist will record any part of your sessions unless you and the therapist mutually agree in writing that the session may be recorded. You further acknowledge that the undersigned therapist objects to you recording any portion of your sessions without the therapist's written consent. Please note that further information regarding the Healing Counseling Center INC. privacy and security practices is contained in the Notice of Privacy Practice and Security furnished to you and which is incorporated into this consent. By signing below, you acknowledge receipt of this notice. The Notice of Privacy Practice and Security for Healing Counseling Center INC. provides specific information and a thorough description of how your personal health information may be used and disclosed. Before implementation of any revised Notice of Privacy Practice and Security, you will be notified of the revised changes. You understand that you have the right to restrict the use and/or disclosure of you personal health information for treatment, payment, or healthcare operations and that you are not required to agree to the restrictions requested. You may revoke this consent at any time in writing except to the extent that the Healing Counseling Center INC. has already taken action in reliance on your prior consent. This consent is valid until revoked by you in writing. You further understand that all of your records, whether written, oral or in electronic format, are confidential and cannot be disclosed without your prior written authorization, except as otherwise provided by law. You affirm that you have been provided with and have received the Healing Counseling Center INC. Notice of Privacy Practice and Security dated May 26, 2018, and have been given the opportunity to review the notice prior to signing this consent. You do hereby give consent for counseling and/or related services at this facility. You understand that all information pertaining to the services provided will remain completely confidential except in those cases where confidentiality is limited and/or for which you have given consent herein or otherwise for disclosure. These limits of confidentiality, as prescribed by state and federal law, have been explained to you. It is further understood that any release of information concerning services rendered shall occur only with your written

consent, excluding the above stipulated exceptions and whenever the agency is required by law to do so. If you are signing in a representative capacity for a client, by signing below, you affirm that you are the legal conservator/guardian of _____ and hereby grant permission for this child or ward to participate in counseling services with this agency. If there is shared custody or guardianship, you will provide us with a copy of the most recent divorce decree, custody or guardianship order must be turned in to our office prior to counseling Services. You acknowledge that pursuant to the relevant divorce decree or court order, another parent, guardian or person may also have the right to access the child's or ward's records. I understand the Healing Counseling Center INC. will, in most cases, contact the other parent, conservator, guardian or person and that the Healing Counseling Center INC. reserves the right to decline services if the other parent, conservator, guardian or person disagrees with the request for services.

I am the legal Guardian/Conservator of::

Signature::

Date::