

**ACTSolutions**  
**POLICIES, PERSONAL HEALTH INFORMATION, CONFIDENTIALITY,**  
**DISCLOSURE, CONSENT TO ENTER TREATMENT, COMPLAINT INFORMATION**  
**923 South Church Street Grapevine, TX 76051 ph# 817-707-3329**  
(updated 03/22/2020}

To ensure your understanding of ACTSolutions office policies, privacy practices, and consent to enter therapy, please read all the attached pages. Your signature on the consent page indicate you agreement to enter therapy and your understanding and willingness to abide by these policies.

**POLICIES:**

**Payment**

1. All paper work is to be read and completed prior to initial intake interview.
2. Full payment for each session **is required at the time the service is rendered.** Payment maybe is cash, check, or credit card (Visa, MasterCard, and American Express are accepted).

**Insurance**

ACTSolutions does not file on your insurance, but will provide sufficient information on your receipt for filing if choose to seek reimbursement.

**Appointment cancellation/No Show**

1. Your appointment time is reserved for you. You will be charged \$50 for your appointment unless you cancel at least 24 hours in advance.
2. Failure to cancel or attend (**No Show**) will result in the full charge for the appointment.

**PERSONAL HEALTH INFORMATION:**

**Privacy Practices**

ACTSolutions respects the privacy of personal information and understands the importance of keeping this information confidential and secure. These practices apply to current and former clients.

**Health Record/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. This record typically contains symptoms, examinations and test results, diagnosis, treatment, and a plan for future care or treatment. This information referred to as your health and medical record and serves to following purposes:

- Basis for planning care and treatment.
- Means of communication among the health professionals involved in your care.
- Legal document describing the care you received.
- Means to verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the nation's health of the nation
- A source of data for facilitation, planning , and marketing.
- A tool to assess and continually improve the care rendered and the outcomes achieved.

**Why you need to understand your health information:**

- To ensure its accuracy.
- To better understand who, what, when, where, and why others may access your health information.
- To make informed decisions when authorizing disclosure to others.
- While your health record is the physical property of ACTSolutions or the facility that compiled it, the information, with the exception of raw psychological test data belongs to you.
- You may request restrictions on how your information will be used and disclosed for treatment, payment, and health care operations: ACTSolutions is not required to agree to the proposed restrictions.
- ACTSolutions will accommodate reasonable requests for you to receive communications by alternative means or at an alternation location.
- You have the right to inspect and obtain a copy of your health record with very limited exceptions (as provided for in 45 CFR 164.524) by submitting a written request to ACTSolutions, at the above address. Access or denial will be provided within 30 days.
- You may also request to have the information amended (as provided for in 45 CFR 164.528). ACTSolutions may deny the request if the information is complete and accurate or if it was created by another entity.
- Upon request ACTSolutions must provide you a written accounting of all non-routine disclosures made without your consent for up to six years. The first request within a 12-month period will be free. For additional requests or requests after 12 months there will be a \$90.00 charge.
- You may revoke your authorization to ACTSolutions to disclose health information except to the extent that action has already been taken.

## **CONFIDENTIALITY OF MENTAL HEALTH CLIENT RECORDS:**

The confidentiality of mental health client records maintained by ACTSolutions is protected by federal law and regulations. Sessions with a client and therapist are confidential. No information will be released without the client's (or client parent/legal guardian if client is a minor) written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations as stated under **Texas Health & Safety Code**: abuse or neglect of minors; abuse, neglect, or exploitation of elderly; abuse of patients in mental health facilities (681.33, Ch. 681)); criminal prosecution (611.004, Ch 611); child custody cases (611.006, Ch. 611); situations where the therapist has a duty to disclose, or where, in the therapists' judgment, it is necessary to warn or disclose (611.006, Ch. 611); fee disputes between the therapist and the client (611.006, Ch. 611); and the filing of a complaint with any licensing agency or legal entity/body. Federal law and regulations do not protect any information about a crime committed by a client either at ACTSolutions or any persons who threatens to commit a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Marriage or Family Counseling:** Since Marriage and/or family counseling often involve other family members, confidentiality includes all family members participating in therapy. Release of information requires consent from all members involved in the therapy. If you share information that your spouse or family member is unaware of you agree to allow the use of that information at the discretion of your therapist consistent with therapeutic goals and the professional judgment of your therapist. If you have any concerns about this provision, discuss it with your therapist.

## **DISCLOSURE:**

## **ACTSolutions**

- Will maintain the privacy of your health information.
- Provide you with a written notice of the uses and disclosure of protected health information (PHI) and your rights and ACTSolutions legal duties related to PHI.
- Insure that the notice is provided on the first date of service delivery and posted at the site.
- Will maintain copies of notices and comply with the requirements relating to revisions.
- Except in emergencies, ACTSolutions must obtain written acknowledgement of receipt or document good faith effort and the reason acknowledgement was not obtained.
- Will abide by the terms of this notice.
- Will notify you if we are unable to agree to a requested restriction.
- Will accept reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied to us.
- Will not disclose your health information without your authorization, except as described in this notice.
- ACTSolutions (Authentic Christian Therapeutic Solutions) employs Christian approaches and beliefs. These beliefs will in no way be forced on you.

## **CONSENT TO ENTER TREATMENT:**

Your signature (parent or legal guardian if client is a minor) on the attached signature page constitutes your informed consent to enter treatment and that you have read and understand the process of treatment and possible risks and side effects.

## **Treatment Process**

- I understand that receiving counseling at ACTSolutions may involve discussing relational, emotional, spiritual, and /or psychological issues that may at times be distressing.
- I understand that this process is intended to help me personally, relationally, emotionally, and spiritually.
- I am aware that there are alternative treatment facilities available to me.
- I understand that I may discontinue therapy at anytime, although I am aware that this is best accomplished in consultation with my therapist.
- I understand that treatment may include individual, family, marital (if applicable), or group psychotherapy.
- ACTSolutions (Authentic Christian Therapeutic Solutions) employs Christian approaches and beliefs. These beliefs will in no way be forced on you.

## **Possible Risks and Side Effects**

- Therapy may not by itself resolve your problem or concern.
- Progress may seem slower than you wish.
- You may not always hear what you want to hear.
- You may not “feeling good” at the conclusion of a session.
- Therapy requires effort, persistence, and your **desire** to progress.

## **FOR MORE INFORMATION OR TO FILE A COMPLAINT:**

If you have questions and would like additional information, contact your therapist or ACTSolutions at 817-707-3329.

If you believe that your privacy rights have been violated or you have other concerns which have not been satisfactorily address by your therapist, you may file a written complaint. There is a Toll-free Complaint Referral System available as well. Anyone who wishes to file a complaint against a healthcare professional in Texas may call the Health Professions Council toll-free complaint referral system: 1-800-821-3205. This automated, statewide number receives complaints about any health care professional and routes them to the appropriate licensing board. Deborah Wade is a Licensed Professional Counseling and Licensed Marriage and Family Therapist.

**NOTE: Sign and detach the next page. Retain these pages for future reference if needed.**

# ACTSolutions

## POLICIES, PERSONAL HEALTH INFORMATION, CONFIDENTIALITY, DISCLOSURE, CONSENT TO ENTER TREATMENT, COMPLAINT INFORMATION SIGNATURE PAGE

923 South Church Street Grapevine, TX 76051  
(817) 707-3329

**CONFIDENTIALITY:** It is important that you understand that all identifying information about your treatment is kept confidential. In keeping with this practice’s duty to protect client confidentiality under state and federal law, we will not release confidential mental health information without strict adherence to state and federal laws, rules and regulations (See Notice of Privacy of Practices). You must sign a “Consent for Release” before any information about you is given to anyone.

**FEES** – Deborah M. Wade:

Individual Assessment/Diagnostic Interview (90 min)	\$225.00
Individual Therapy Session (45/50 min)	\$150.00
Family/Marital Therapy (45/50 min)	\$150.00
(90 min sessions)	\$225.00
Individual therapy Session (30 min)	90.00
Interactive/Play therapy (30 min)	90.00
Interactive/Play Therapy (45/50 min)	\$150.00
Group Therapy (2 hours)	group fees vary
Parent/Therapist Consultation (45/50 Min)	\$150.00
Court preparation and/or appearance	\$350.00 per hour
“No Show” fee for missed appointment	full session fee
“Last minute cancelations” less than 24hrs notice	\$75.00/per hr scheduled

*I understand that if I have further questions related to the therapy process, my therapist will either answer them or find answers for me. I have read and understand the previous statements regarding ACTSolutions Policies, Personal Health Information, Confidentiality, Disclosure, Consent to enter treatment, and Information/complaint process. My signature below indicates that I understand and accept the above policies, understand the nature, limitations, and confidentiality of my mental health record, and give my full and informed consent to receive therapeutic services (or in the case of a minor, to provide services).*

**Please note: ACTSolutions (Authentic Christian Therapeutic Solutions) employs Christian approaches and beliefs. These beliefs will in no way be forced on you.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian of client Signature

\_\_\_\_\_  
Date

**Detach this signature page and give to your therapist. Retain the previous pages for your reference and records.**