

# Everything Is Now Therapy LLC

[www.EverythingIsNowTherapy.com](http://www.EverythingIsNowTherapy.com)

[chrissims011@gmail.com](mailto:chrissims011@gmail.com)

(717) 864-0874

## **Insurance / Funding Release**

I, \_\_\_\_\_, consent and authorize Everything Is Now Therapy and its staff to disclose information from my file to \_\_\_\_\_ in order to obtain payment for services rendered.

My signature indicates I am authorizing Everything Is Now Therapy to release the information deemed necessary by the above mentioned funding source and I understand the information will likely be as follows:

- Diagnosis
- Presence In Treatment
- Progress
- Prognosis
- Discharge Summary

I understand I am of no obligation to consent to this disclosure. I understand I can revoke this authorization at any time by notifying Everything Is Now Therapy. I understand revoking or declining this release may cease services from Everything Is Now Therapy because I am responsible for payment at the time of services rendered. This release expires upon discharge of services unless I elect otherwise.

My signature also indicates I have been offered a copy of this form and I may request an additional copy at any time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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## **Premature Discharge Criteria**

I, \_\_\_\_\_, understand Everything Is Now Therapy reserves the right to immediately and/or decline services with me for reasons such as, but not limited to, the following:

- Threats of harm, acts of harm, harassment or otherwise disrespectful behavior towards staff or anyone associated with Everything Is Now Therapy.
- Drug, alcohol or tobacco use.
- Inappropriate sexuality including, but not limited to, removal of clothing, gestures, comments, advances, etc.
- Acts that would interfere with others' utilization of services from Everything Is Now Therapy including, but not limited to, canceling appointments with less than 48 hours in advance (including arriving more than 10 minutes late or "no showing").
- Possession and/or use of weapons.
- Ethical considerations regarding wellness of fit and appropriate use of services.
- Suicidality or homicidality (see Limits to Confidentiality).

Everything Is Now Therapy reserves the right to define the above terms, processes, functions and behaviors.

I have the right to be treated with respect and dignity. A discharge will never be a discrimination against my race, color, religious creed, handicap, marital status, ancestry, national origin, age, gender or sexual orientation.

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## **HIPAA, Ethics, Limits to Confidentiality, Crisis Services**

I, \_\_\_\_\_, understand that the Privacy Regulations within the Health Insurance Portability and Accountability Act (HIPAA) protect my health information against unauthorized disclosure.

Licensed Professional Counselors abide by the Ethics Code of the American Counseling Association and strive for the highest possible quality of care and professional conduct.

I have been informed of the limits to my confidentiality and how there are times when my information can be shared without my consent.

I understand Everything Is Now Therapy is comprised of Mandated Reporters who, by law, are required to report child abuse/neglect. They do not need to investigate or confirm abuse or neglect in order to report. They are required to report if it is simply suspected. The Child Protective Services / Children and Youth Services will carry through the investigation once a report is filed. This is nonnegotiable.

Another limit to my confidentiality is if I am at risk of causing serious harm to others or myself. My information can be shared with appropriate authorities without my consent (such as the crisis hotline, emergency personnel, ambulance, police, etc.) if it is deemed by Everything Is Now Therapy that I pose such a risk.

If I feel I am in any kind of danger, I will contact the appropriate authorities. I understand Everything Is Now Therapy is not a crisis service. I will call 911, my local crisis number, a national hotline (such as 1-800-273-TALK), a local hospital or a supportive friend/family member depending on the severity and need of my situation.

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## **Informed Consent Regarding Tools of Operations and Social Media**

I, \_\_\_\_\_, understand when I communicate with and provide information to Everything Is Now Therapy and its staff, they are using tools and technologies to operate the business. In compliance with HIPAA (Health Insurance Portability and Accountability Act) Regulations, I am informed of these tools on this page. In addition and in contrast, I am informed of and in agreement with Everything Is Now Therapy's lack of liability regarding my own use of social media. I understand the distinction between the two, based on the paragraphs that follow.

Everything Is Now Therapy utilizes tools to operate as a business. Everything Is Now Therapy did not create, copyright, or does not own propriety rights to these tools. GoDaddy hosts Everything Is Now Therapy's website, which is used to make initial contact and sign up for services. Psychology Today provides an online registry of therapists and allows Everything Is Now Therapy to be contacted through them. Google / Android Services provide the use of contacts, calendar, email, and storage/backup. Bank of America and Square provide the ability to receive payment via credit/debit card and provide receipts. Acuity Scheduling provides appointment reminders and scheduling services. In these cases with these tools, the only way my information could be inappropriately seen in a way that was not intended is in the case of an unlawful theft, burglary or hacking.

In contrast, if I choose to interact with any social media provided by Everything Is Now Therapy, I am releasing/authorizing that information to the general public since it can be seen by the general public. Everything Is Now Therapy is not responsible for a breach of confidentiality since I chose to voluntarily associate myself with Everything Is Now Therapy by interacting via social media (blog, Twitter, Facebook, YouTube, etc.). I also understand I should not use a social media outlet to have communications with Everything Is Now Therapy to handle matters that would be more appropriately handled via another avenue. I understand I am under no obligation to interact with Everything Is Now Therapy's social media and can, thereby, avoid all the privacy considerations discussed in this paragraph. On the other hand, I understand HIPAA law is not my duty to keep and I am free to disclose and discuss my relationship with Everything Is Now Therapy in any manner I would like.

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## **Account Balance Information**

I, \_\_\_\_\_, understand I am responsible for payment for services. I can choose to utilize a third party source, such as an insurance provider, but ultimately I am responsible for the full payment of my account balance.

I will notify Everything Is Now Therapy immediately if my insurance information changes and I will provide my new insurance card at my next appointment.

If I have elected so, Everything Is Now Therapy will submit insurance claims to my insurance company. If a claim is rejected or paid at a reduced amount, it is my responsibility to pay Everything Is Now Therapy in full. If a claim is paid directly to me, it is my responsibility to reimburse Everything Is Now Therapy. I understand it is a criminal action to use an insurance check for any reason other than its purpose.

I understand my account balance must be paid in full before I receive any service. Appointments will be canceled if I am not able to pay in full or if I have a remaining balance.

I understand there are no refunds for any service provided by Everything Is Now Therapy.

Canceling an appointment with less than 48 hours notice (or failing to arrive at the appointment) will result in me being charged in full for the scheduled service. Services will be terminated if this fee is not paid (see Premature Discharge Criteria).

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## **Target of Service Agreement**

I, \_\_\_\_\_, have agreed to a 'target of service'. The 'target of service' is defined as the individual or the system that is being treated. I understand I cannot change this agreement unless I have discussed this with my therapist, weighed the pros and the cons, and agreed to make a change. For example: if we begin by agreeing to Individual Therapy, it is not acceptable to bring a sibling, spouse, friend, or anyone else into the meeting. They will not be allowed in. The therapist always reserves the right to decide about the most beneficial configuration of people in the meeting. Everything Is Now Therapy will refuse to see people if the appropriate 'target of service' does not arrive. Blurred boundaries can be harmful for client(s) and this is taken very seriously.

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Signature of Witness

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## **HIPAA Release of Information for Emergency Contact**

I, \_\_\_\_\_,  agree or  decline to have an Emergency Contact.

If you agree, please enter the information:

Name of Emergency Contact: \_\_\_\_\_

His or her relation to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
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## **HIPAA Release of Information for Primary Care Physician**

I, \_\_\_\_\_,  agree or  decline to have an Everything Is Now Therapy reach out to my Primary Care Physician.

If you agree, please initial in the blanks beside what you give permission to release:

\_\_\_\_\_ Initial Letter to notify them you have begun services here  
\_\_\_\_\_ Diagnostic Impressions  
\_\_\_\_\_ Dates of Attended or Canceled Appointments  
\_\_\_\_\_ Verbal Communication (a phone call or email to discuss your case)  
\_\_\_\_\_ Discharge and Closing Summary

Name of Primary Care Physician or the Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Signature of Client

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Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date