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Butterfly Beginnings Counseling, LLC

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563-349-9595

New Client Packet: Information regarding policies and services

Informed Consent and Agreement to Counseling Services

Please read thoroughly, make a note of any questions you may have. Please call your therapist directly to discuss any and all questions you have **prior to providing electronic signature to this agreement.**

After you sign this agreement electronically you will be able to save and/or print a copy for your records.

**Because email cannot be guaranteed as a secure means of transmitting/receiving Private Health Information, you may choose to print off this document, fill it out by hand and bring a hard-copy of this to your first session instead of submitting electronically. By utilizing the electronic signature via the Adobe Echosign system you are acknowledging the risk and limit of confidentiality as explained under the Tele-health section of this agreement. **

About Butterfly Beginnings Counseling LLC and Kim Feeney, LISW, RPT-S is limited liability companies in the state of Iowa located at 1333 W Lombard St Davenport, IA 52803 providing psychotherapy and professional counseling services as well as educational and support services for children and adults. All therapists are either fully licensed or associate licensed professional counselors in the state of Iowa and participate in appropriate supervision and peer consultation as well as ongoing continuing education.

Benefits of Counseling Depressed mood can be lifted, managed and alleviated. Anxieties can be managed, mastered and alleviated. Through talk (or for children play)

difficult feelings can naturally be resolved. Skills in relationships and communication improve. Develop and maintain a sense of balance in life, a sense of contentment, satisfaction and skills for coping life's challenges. Clarity of direction in and sense of self develops. Experiences of relaxation and relief from mental and physical tension

Risks of Counseling Occasional uncomfortable levels of sadness, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings as a part of the process of healing and finding balance. Often symptoms worsen before improving. Unpleasant memories may be recalled through the process. Significant others in one's life may have their own objections or negative reactions to a client's positive changes.

Overall, the benefits greatly outweigh the risks. When you and your therapist are both committed to the process of counseling, with understanding therapy is not a "quick fix", transformational results are often observed.

Confidentiality In all but a few situations, your confidentiality and privacy is protected by state law and by the ethical rules of our profession. There are some exceptions as follows:

Limits to Confidentiality:

1. If you make a serious threat to harm yourself, the law requires us to try to protect you by informing appropriate officials
2. If we have reason to believe a child or any adult dependent has been or will be abused or neglected, we are legally required to report this to the proper authorities.
3. If you are or will be involved in court proceedings and the clinical record is subpoenaed and ordered by a judge.
4. If a guardian ad litem (GAL) is appointed in a custody case involving child clients and she/he is ordered by the court to have access to mental health practitioners and records therein.
5. The Patriot Act of 2001 requires us in certain circumstances, to provide federal law agents with records, papers and documents upon request and prohibits us from disclosing to my client that the FBI sought or obtained the items under the Act.
6. In professional supervision or consultation with other therapists and/or business associates; shared office space, record storage and voicemail system with a fellow therapist. Professional peers, business associates, fellow therapists and any supervisor are bound by confidentiality as well.
7. As professional and associate professional counselors we often need to consult with a professional supervisor and/or a professional peer on the services we are

providing you in order to ensure you are receiving the best services possible. This may include details of your case and in this age of electronic technology it may mean that this information is shared via cell phone conversations. All professional peers and supervisors are bound by the same legal and ethical rules of confidentiality. We do not disclose your name or identifying information unless it is a case of imminent emergency and/or involves DFCS.

8. Tele-health including electronic communications include limitations of your confidentiality. Email, texting and cell or google voice phone communications cannot be guaranteed confidential. These means of electronic communication are considered “non-secure.” (See our section on “Tele-health.”)

9. In the case of death or incapacitation, all clients will be contacted and records will be accessed by a designated mental health professional who will ensure confidentiality.

10. In the case we need to collect unpaid payments, a collection agency may be utilized. TELE-HEALTH and Your Confidentiality In this age of electronic communication we are required to be very clear with our clients as to the nature of the risks and benefits of “tele-health.” Any time you and we communicate in a way that cannot be guaranteed as secure in maintaining your confidentiality, there is a risk involved. There are limits to your confidentiality when participating in any form of “telehealth.” Tele-health is defined by the U.S. Department of Health and Human Services as: The use of electronic information and telecommunications technologies to support distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. In order to make every effort to keep secure the confidentiality of your Private Health Information please note the following specific policies:

EMAIL POLICY: We use email to send and receive informed consent, reduced fee applications and other formal documentation via Adobe Echosign which is a HIPAA compliant system. Email, however, can not be guaranteed a secure means of transmitting/receiving your Private Health Information and Echosign utilizes your email address to transmit and receive documents. You may choose to forego this electronic system, print off this document fill it out by hand and bring a hard copy with you to your first session. Otherwise, use of email should be for scheduling/payment issues only whenever possible. You may email us about anything you wish but please understand that by doing so you are accepting the risk and limit of your confidentiality by using email. If you wish to use email as part of your counseling, you may utilize www.hushmail.com as they have an encryption process. Discuss this with your therapist first. There is a charge for time spent reading emails that goes beyond brief exchanges about scheduling and payment issues. Please see fee outlines.

TEXTING POLICY: Texting ideally should be used for brief notification regarding scheduling or notification of running late for appointment. Therapists’ phones are

protected with passwords but texts may show up when the screen is locked which may be a breach of your confidentiality. If you choose to use texting to communicate sensitive information you do so with full knowledge and acceptance that this is a risk and limit of your confidentiality. We do not participate in therapeutic discussions with clients via text messaging.

PHONE POLICY: Cell phone communications cannot be guaranteed as a confidential form of communication. The only method HIPAA acknowledges as a secure way to have a phone conversation is when both parties are talking on a land-line phone that is hard wired from hand- set to wall. In this day and age, we would all be hard pressed to find way to have that kind of phone conversation. We do utilize cell and google-voice phone technology as most of our clients do as well. We make every effort to ensure our phone conversations are held confidential within our ability to do so. When we have a conversation via cell phone you are acknowledging and accepting the risk and limits of your confidentiality. If you don't wish to take this risk, we advise you only use phone communication to schedule an appointment in person to discuss sensitive information as part of your Private Health Information. Phone therapy sessions are available with some of our therapists. Please discuss this with your therapist if you are interested in participating in distance therapy services.

VOICEMAIL POLICY: Per the above policy with regard to cell phone use, please be informed that our voicemail systems are housed on cellular and internet basis and cannot be guaranteed confidential although we take every measure to protect your confidentiality. It is advised that you not leave sensitive information on voicemail, rather utilize voicemail to request a return call and/or to schedule an in-person appointment. Voicemail is password protected and secure to the best of ability. Voicemail is checked throughout the week unless on vacation or out of country for any reason. We are accessible Monday-Friday during normal business hours (9 a.m. to 6 p.m.) and we make every attempt to return all calls within the same business day if possible. When not possible we return all calls within 3 business days maximum. Therapists are not available when in session with other clients. When away from the office for vacation or business travel and unable to access voicemail and/or email your therapist will notify you in advance and will designate a professional counselor colleague to be on call in case of urgent and emergency issues.

SOCIAL MEDIA POLICY: In order to protect your confidentiality and in line with our professional ethics we cannot accept friend or connection requests from clients on any social media platform. You may follow social media accounts that are open to the public but please do not comment or in any way identify yourself as my client. If you do you are accepting the risk of breach of your confidentiality and if we notice you have commented on any public post, your comments will be deleted.

SUPERVISION AND PEER CONSULTATION: As professional and associate professional counselors we often need to consult with a professional supervisor and/or a professional peer on the services we are providing you in order to ensure you are

receiving the best services possible. This may include details of your case and in this age of electronic technology it may mean that this information is shared via cell phone conversations. All professional peers and supervisors are bound by the same legal and ethical rules of confidentiality. We do not disclose your name or identifying information unless it is a case of imminent emergency and/or involves DFCS.

PUBLIC/SOCIAL INTERACTION POLICY: In the case we cross paths in a public setting, in order to protect the confidentiality of our therapeutic relationship it is our policy not to approach you or initiate contact with you.

POLICY on CONFIDENTIALITY FOR CHILD CLIENTS: In working with child clients, though legally the parent(s) or legal guardian(s) of child clients age appropriate privacy is essential relationship and setting for a child's therapy, we do honor what the child does or says in our sessions as confidential while providing parents and/or legal guardians summaries of treatment goals, plan and progress as well as recommendations.

SCHEDULING AND CANCELLATIONS POLICY: (please also refer to Fee for Services Agreement): We require 24 hours texted or emailed notice of cancellation of any appointment. If a client does not arrive for a scheduled appointment or cancels inside of 24 hours, there will be a charge for the full fee session. (please see attached Fee for Services Agreement for full explanation) On rare occasion, if there is what we determine to be an unavoidable emergency you may discuss this with your therapist and we may consider waiving the fee. Session parameters ... All initial Intake Sessions are 45 minutes. Individual therapy sessions are 30-45 minutes. Couples counseling and family counseling sessions are 45 minutes. Sessions will start and end on time. **If you arrive late, the session will be shorter as we do end at the scheduled time. **

VACATION/TRAVEL POLICY: When away from the office for vacation or business travel and unable to access voicemail and/or email your therapist will notify you in advance and will designate a professional counselor colleague to be on call in case of urgent and emergency issues.

POLICY on CONFIDENTIALITY WITH COUPLES AND FAMILIES: In couples or family therapy, the couple as an entity and the family as an entity is the client although one individual may be deemed the "identified client" for record keeping and insurance reimbursement purposes. Our policy is that we are not providing individual therapy for any individual in the couple or the family although sessions with individuals in the couple/family may be a part of the couples/family therapy. We will not be a "secret keeper" nor facilitate secret keeping. If anything significant is revealed in an individual session that your therapist feels the other party needs to be told, your therapist will require it be brought up in the next session together so we can work through it or counseling may have to be ended with a referral to another therapist.

POLICIES ON DIVORCE AND/OR CUSTODY CASES: We are not custody evaluators and cannot make any recommendations on custody. We can refer you to a licensed professional who DOES provide custody evaluation if needed. Due to the sensitive nature of divorce and all potential issues that may arise in such cases, we have very specific policies to which you must agree before we enter a counseling relationship

1. We require a copy of any most current standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session.
2. In most cases we need to have contact and written/signed consent with/from both legal guardians before we see the child for counseling. In the case there is a final-decision maker on health related issues who wants the child to be seen for counseling even in the case the other parent does not agree, it is to the discretion of your therapist as to whether the child will be seen.
3. We will provide an interview with any court-ordered Guardian ad Litem (GAL) and/or custody evaluator (CE) whom the court has ordered will have access to the child's records and any time spent speaking with the GAL or CE will be billed to and paid by you, the client at our court-related-fee hourly rate.
4. We will be in equal contact with both parent who share in the legal custody of the child being seen for counseling and will offer and encourage opportunities for both parents to participate in parent consultations along the way.
5. Family sessions may be recommended and depending on the case, may need to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.
6. We require all clients waive right to subpoena any of our therapists to court. By signing this Agreement you are acknowledging and agreeing NOT to have us subpoenaed to court. This policy is set in order that we can preserve the integrity of the therapeutic progress and relationship with you and/or your child(ren). There are exceptions to this and we can discuss further should the issue arise and this policy needs to be waived.

FEES, PAYMENT, INSURANCE: We are dedicated to making counseling services affordable for you and your family. Regardless of whether we are in network with your insurance company or not, we WILL work with you with respect to your financial situation. If we are not in network with your insurance company it is our policy that we do not communicate directly with insurance companies. We can, however, provide a statement for you to file with your insurance company for out of network reimbursement upon request. You are responsible for keeping track of your session statements and filing with your insurance. Reduced Fees are available with application and are extended based on financial need and circumstances upon your request.

Returned check fee: There is a \$25 fee for any returned checks. That fee is due at the time of your next session, along with the payment for that session. If a check is returned for insufficient funds, we will require that you pay using cash or credit card only from that point forward.

Forms of payment: We accept MasterCard and Visa only. We do not accept American Express or Discover. **Checks should be made out to Butterfly Beginnings Counseling. Cash is welcome as well. A receipt is available to you upon request. Payment is due at the beginning of each session. If a child client is being seen, please be discreet in submitting payment and we ask that you never have the child involved in the payment process.

Standard Fee Structure is outlined below. Please note as stated above, reduced fees ARE available by application – request from your therapist more info.

For Fully Licensed Therapists:

Initial Intake Session (45 minutes): \$150

Couples or Family Therapy Sessions (45 minutes long): \$125

Therapy Sessions (45 minutes): \$100

Therapy Sessions (30 minutes): \$75

Other Fees Charged by All Therapists:

Preparation of Summaries of Treatment or Letters at request of client: \$10 per item requested.

Court Related and/or Child Specialist Work for Collaborative Law Cases: \$250/hour of any and all time spent on the case.

Administrative Fee for Record Copy Requests: \$25

Check Return/Insufficient Funds Fee: \$25

AFTER HOURS AND EMERGENCY SUPPORT: Butterfly Beginnings Counseling is not an emergency services agency. We do not provide emergency services. If you have a life threatening emergency, you should call 911 or go to the hospital emergency room of your choice. Only contact us in an emergency after you have already obtained emergency assistance from 911 or your choice of medical support. Other after hour Mental Health Resources (not to be substituted for calling 911) 1-844-430-0375

YOUR CLINICAL RECORD: You should be aware that, pursuant to HIPAA, we keep information about all of clients in a collection of professional records. This constitutes your Clinical Record We store your clinical record in a HIPAA compliant electronic cloud storage location. All professional counselors working with/for Butterfly Beginnings Counseling have access to all clinical records and all observe legal and ethical rules for maintaining your confidentiality. If you want to have a copy of your clinical record: There will be an administrative fee of \$25 charged for preparing the record for release upon your written request.

COMPLAINTS OR GRIEVANCES: If you feel that there is basis for a formal complaint or grievance about anything related to the professional services we provide we request you to first communicate your concerns to us directly so that we will be informed and have an opportunity to respond and resolve any potential misunderstanding. You have a right to file a complaint about your therapist and may do so by contacting the board at the following address and phone number:

Bureau of Professional Licensure
Iowa Department of Public Health
Lucas State Office Bldg., 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075
Phone (515) 281-0254

FEE FOR SERVICE AGREEMENT:

Please note, your entire record including this form is stored on HIPAA compliant electronic server

Every time I schedule an appointment with my therapist I understand that I am entering into a contract with Butterfly Beginnings Counseling and for the professional time and services of my therapist.

I recognize that professional services include time and services for preparation for my scheduled session, the actual time in session, time spent outside of session with case review, case notes, confidential consultations with supervisors or professional colleagues as outlined above.

I understand my therapist's professional fees as outlined in our Agreement to Enter into Counseling Services for scheduled sessions. I understand I have a right to request information about reduced fee options at any time.

I understand that Butterfly Beginnings Counseling has a cancellation policy requiring no less than 24 hours advance notice in order to be released from the contract for my therapist's time and services of preparation for my session.

I understand and agree that if I fail to cancel my appointment inside of the 24 hour minimum time period prior to my session I will be charged a full session fee for the appointment.

I hereby authorize Butterfly Beginnings Counseling to charge my Visa/ Master Card for any missed sessions or unpaid charges per this contract. I understand my credit card will be stored in a triple encrypted merchant services system for my protection.

I understand if there is an emergency situation that prohibits me from canceling within 24 hours I can discuss this with my therapist directly and request a waiver of this policy but I understand that Butterfly Beginnings Counseling and my therapist are not bound to grant that waiver and may, by this contract, proceed with charging my credit card as agreed herein.

I understand if payment is not made before or during my scheduled session I am hereby authorizing Butterfly Beginnings Counseling to charge my afore-listed credit card for services rendered.

I understand this agreement authorizes Butterfly Beginnings Counseling to charge my credit card for services requested and rendered outside of the office such as preparation of documents requested by me or any court related proceedings.

HIPAA Privacy Policy Butterfly Beginnings Counseling PRIVACY PROTECTION NOTICE

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. THIS POLICY IS POSTED ON OUR WEBSITE AT www.butterflybeginningscounseling.com A PAPER COPY IS AVAILABLE IN OUR WAITING ROOM FOR YOUR REVIEW A WELL.

I. Your Rights to Privacy under HIPAA Preamble: Communications between psychotherapists and their clients are privileged and, therefore, are protected from forced disclosure in cases arising under federal law. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your “Designated Medical Record” as well as some material, known as “Psychotherapy Notes” which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the client himself/herself. HIPAA provides privacy protections about your personal health information, which is called “protected health information” (PHI) which could personally identify you. PHI consists of three

(3) components: treatment, payment, and health care operations. Treatment refers to activities in which I provide, coordinate or manage your mental health care or other

services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition. Payment is when I obtain reimbursement for your mental health care. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you. Health care operations are activities related to the performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is “really medically necessary.” The use of your protected health information refers to activities my office conducts for filing your claims, scheduling appointments, keeping records and other tasks within my office related to your care. Disclosures refer to activities you authorize which occur outside my office such as the sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends).

II. Uses and Disclosures of Protected Health Information Requiring Authorization

The law requires authorization and consent for treatment, payment and healthcare operations. I may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing me to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you) Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon the request. The requirement of your signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be by your request that I talk to your child’s schoolteacher about his/her ADHD condition and what this teacher might do to be of help to your child. Before I talk to that teacher, you will have first signed the proper authorization for me to do so. There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychotherapist -client in treatment settings, HIPAA permits keeping separate “psychotherapy notes” separate from the overall “designated medical record.” “Psychotherapy notes” cannot be secured by insurance companies nor can they insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. “Psychotherapy notes” are my notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and separated from the rest of the individual’s medical record.” “Psychotherapy notes” are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. “Psychotherapy notes” are not the same as your “progress notes” which provide the following information about your care each time you have an appointment at my office: medication prescriptions and monitoring, assessment/treatment start and stop times,

the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and my psychotherapy notes in order to pay for your care. If I am forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing me to release my psychotherapy notes. Most of the time I will be able to limit reviews of your protected health information to only your “designated record set” which include the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination, your individualized, comprehensive treatment plan, your discharge summary, progress notes, reviews of you care by managed care companies, results of psychological testing, and any authorization letters or summaries of care you have authorized me to release on your behalf. Please note that the actual test questions or raw data of psychological tests, which are protected by copyright laws and the need to protect clients from unintended, potentially harmful use, are not part of your “designated mental health record.” You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and the insurer has the right to contest the claim under the policy.

III. Business Associates Disclosures HIPAA requires that I ensure that all those performing ancillary administrative service for my practice and refers to these people as “Business Associates” sign and enter into a HIPAA compliant Business Associate Agreement so that your privacy is ensured at all times.

IV. Uses and Disclosures Not Requiring Consent nor Authorization By law, protected health information may be released without your consent or authorization for the following reasons:

- Child Abuse
- Suspected Sexual Abuse of a Child
- Adult and Domestic Abuse
- Health Oversight Activities (i.e., licensing board for Professional Counselors in Georgia)
- Judicial or Administrative Proceedings (i.e., if you are ordered here by the court)
- Serious Threat to Health or Safety (i.e., out “Duty to Warn” Law, national security threats)

- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s)).

I never release any information of any sort for marketing purposes.

V. Client's Rights and My Duties

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information, which I may or may not agree to, but if I do, such restrictions shall apply unless our agreement is changed in writing;

- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so I will send them to another location of your choosing;

- The right to inspect and receive a copy

of your protected health information in my designated mental health record

set and any billing records for as long as protected health information is maintained in the records;

- The right to amend material in your protected health information, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care;

- The right to an accounting of non-authorized disclosures of your protected health information;

- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of notices/information; and

- The right to revoke your authorization of your protected health information except to the extent that action has already been taken. For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these matters. I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your PHI. I reserve the

right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies when you come for your future appointment(s). My duties as a Licensed Professional

Counselor on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and my privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of my internal policies for executing private practices, please let me know and I will get you a copy of these documents I keep on file for auditing purposes.

VI. Complaints

Kim Feeney is the appointed “Privacy Officer” for Butterfly Beginnings Counseling, LLC per HIPAA regulations. If you have any concerns of any sort that my office may have compromised your privacy rights, please do not hesitate to speak to Lynn immediately about this matter. You will always find us willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

HIPAA provides client protections related to the electronic transmission of data (the transaction rule), the keeping and use of client records (“privacy rules”), and storage and access to health care records (“the security rules”).

HIPAA applies to all health care providers, including mental healthcare, and providers and health care agencies throughout the country are now required to provide clients a notification of their privacy rights as it relates to their health care records.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. My Client Notification of Privacy Rights is my attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what client protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find I will do all I can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask me for further clarification. By law, I am required to secure your signature indicating you have received the Client Notification of Privacy Rights Document.

Kim Feeney, Privacy Officer

I understand and have been provided a copy of the Client Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

Client Signature or Parent if Minor or Legal Charge Date: Agreement To Enter into Counseling Services and Abide by Fee Agreement and All Policies Herein I have read or had read to me all the information in New Client Packet. I have had a chance to review and ask questions about all and any information in this New Client Packet before signing this agreement. I have had all questions answered to my satisfaction prior. I agree to abide by all the policies outlined herein including my full agreement not to have Butterfly Beginnings Counseling, or my therapist subpoenaed by myself or any attorney I may employ. By signing this agreement, I am consenting to treatment, understand all the benefits and risks of counseling as outlined herein. I also hereby acknowledge that I have received and reviewed the HIPAA Privacy Policy notice form mentioned herein.

Name of client or parent/guardian of child client:

Signature of client or parent/ guardian of child client:

Date:

Thank you! We look forward to helping you!