

ALKIRA MARRIAGE AND FAMILY THERAPY, P.C.

6700 Kirkville Rd., Bldg. B, Ste. 104 / E. Syracuse / New York 13057

214 N Washington St. / Rome / New York 13440

Thank you for choosing Alkira Marriage and Family Therapy, P.C. Services. We look forward to working with you! We are mental health and relationship specialists. Jill Weldum, LMFT, CCPT, AAMFT Clinical Supervisor, President, is a New York State Licensed Marriage and Family Therapist in practice over 20 years.

Enclosed you will find information about how we work, as well as office policies and guidelines regarding treatment expectations. You will also find detailed information regarding how your records and confidentiality are handled. If you have any questions, please ask.

All therapists with Alkira Marriage and Family Therapy, P.C. use Narrative practices in addition to their individual therapeutic approaches. At Alkira, we consult with each other through supervision and work together with clients to provide the best collaborative, systemic care. If you would like additional information, please visit our website or ask your therapist.

OFFICE POLICIES

- Payment is expected at the time of each appointment.
- Special circumstances develop that make payment difficult, please discuss them with your therapist as soon as they occur.
- We reserve the right to suspend treatment if your balance exceeds \$100.00.

Cancellations/Rescheduling

If you need to cancel your appointment we request that you give 24 hours notice. In the event that 24 hour notice is not given for a cancellation or you neglect to show up for your appointment, you will be charged a \$75.00 fee, which is not covered by insurance. If you do not show for two appointments in a row, we have the right to discontinue treatment and will provide you with other referrals.

Gifts

It is our office policy that we do not accept gifts from our clients and their families.

OUR RESPONSIBILITIES

As licensed/permitted professionals in New York State, we create and maintain records that contain individually identifiable health information about you. This notice concerns the privacy and confidentiality of those records and the information contained in them. This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.

We are required by law to maintain the privacy and confidentiality of your personal health information. In general, client records, and information about clients, are treated as confidential in this practice and are released to no one without the written authorization of the client, except as indicated in this notice or except as may be otherwise permitted by law. Client records are kept secured so that they are not readily available to those who do not need them.

Federal privacy rules allow health care providers (Alkira Marriage and Family Therapy, P.C.) to use or disclose your health information to carry out treatment. This means that at times, we may be in communication with your physician or other health care providers to insure good care. We will request a signed release form for any sharing of information; however, there are exceptions that allow us to share information without a signed release. We also consult with each other within Alkira Marriage and Family Therapy, P.C. Associates are legally required to share information with Jill Weldum, LMFT, CCPT, AAMFT Clinical Supervisor as part of their supervision and permit to practice.

In general, uses or disclosures of your personal health information without your authorization will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. The following describes limits to your confidentiality:

1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. At times, therapy will involve the participation of more than one family member and/ or significant persons; we do not guarantee confidentiality among family participants in therapy.
2. We are required by law to reveal information obtained during therapy to other persons or agencies without your permission in certain situations. We are not required to inform you of our actions in this regard, but we will make every effort to inform you before revealing information as long as it will not jeopardize anyone's safety. These situations are as follows:
 - a. If you threaten bodily harm or death to another person, we are required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If you threaten bodily harm or death to yourself, we may need to inform the law enforcement agencies and others (spouse, friend, psychiatric care facility) who could aid in prohibiting you from carrying out your threats.
 - c. If a court of law issues a legitimate subpoena, we may be required to provide the information requested in the subpoena.
 - d. If you reveal information relative to child abuse or neglect, we are required by law to report this to the appropriate authority.

YOUR RIGHTS

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment or payment.
2. You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations. If you choose to use email to contact us, we cannot guarantee confidentiality.
3. Please be advised that texting is not a formal way to communicate with your therapist. If you have an urgent matter please contact them by phone. If it is an emergency please dial 911.
4. You have the right to inspect and receive a copy of protected health information about your case by making a specific request. The request must be made in writing. Please request the release of records form. The right to inspect and copy is not absolute-we are permitted to deny access for specified reasons.

Once we receive your written request, we will respond to your request within two weeks. If your protected health information can be released, you will need to sign an authorization form at the time of receiving your protected information.

5. You have the right to provide us with written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
6. You have the right to end therapy at any time without any moral, legal, or financial obligation other than those accrued.
7. You have the right to decide not to receive therapy from Alkira Marriage and Family Therapy, P.C. If you wish, we will provide you with referrals.
8. If we are requested to appear in court or provide documentation, we charge \$130.00 per hour and \$1.00 per page of copy.

By signing this document, I acknowledge that I have read, understood, and agree to the contents of this document. I am also giving legal permission to Alkira Marriage and Family Therapy, P.C. to contact me by phone, email, or mail to check up on how things went or are going as part of follow-up care.

Who may we thank for referring you? _____

Date: _____

Client Printed Name(s):

Client Signature(s):

Therapist's Signature: _____

CONSENT TO EMAIL COMMUNICATION

Communicating via e-mail comes with privacy risks. Alkira Marriage and Family Therapy, P.C. does not guarantee the security and confidentiality when using e-mail, but, will use reasonable means to try to protect the security and confidentiality of e-mail information to be sent and received. Alkira Marriage and Family Therapy, P.C. will not be held liable for improper disclosure of confidential information.

E-mail is not to be used as a replacement or supplement to counseling. The therapist will not respond to process content that is only appropriate for the therapy room.

The client must be 18 years of age.

INSTRUCTIONS for communication by email, the client shall:

- Inform Alkira Marriage and Family Therapy, P. C. of changes in their email.
- Put their name in the subject and include a phone number where they can be reached.
- Review the e-mail to be sure it only contains relevant information.
- Take precautions to preserve confidentiality. If you include others in the to: or cc:, we will not knowingly respond to your message.
- Withdraw consent to use e-mail only by written communication to Alkira Marriage and Family Therapy, P.C.

By signing this page, I acknowledge and fully understand the consent to use email. I understand the risks associated by communicating via email with Alkira Marriage and Family Therapy, P.C. and myself and consent to the conditions herein.

Date: _____

Client's e-mail address to be used: _____

Printed Client Name

Client Signature

Printed Client Name

Client Signature

Therapist's Printed Name

Therapist's Signature