

Ryan McNealy Morehead, LPC
Professional Disclosure Statement, Consent for Treatment
and Notice of Privacy Practices

Professional Disclosure Statement and Consent for Treatment

I, Ryan McNealy Morehead, LPC, have tried to anticipate any risks you may face as a result of being in counseling. In addition, I hope that you find information regarding my practice and counseling in general in this document. If you have any questions regarding the documents you have received, please feel free to discuss them with me at any time.

General Information

Counseling differs greatly from a general doctor's visit. It requires the client to be dedicated to making changes and open to challenging long standing beliefs and behaviors. Counseling does not offer a quick fix to any problem. It requires one to work at considering and changing behaviors, exploring and identifying feelings and delving into personal thoughts and beliefs. Often counseling can open up painful and difficult memories and may in some instances cause symptoms to worsen before they are eased. I can in no way assure you that counseling will be successful. Your dedication to the process and openness and honesty in therapy will increase the chances of a successful outcome. If at any time you feel that counseling is not going in the direction you wish, please make sure to voice your concerns to me.

Mission Statement

My goal as your counselor is to provide a compassionate, caring, and professional environment where clients are free to explore and begin to understand themselves better in order to allow the healing process to take affect and self-actualization begin.

Contact Information: My office is located at 620 Lindsay Street Suite 230 Chattanooga, TN 37403. This is also my mailing address. Office hours are typically from 9:00AM-6:00PM Tuesday through Thursday. However, clients are seen by appointment only and special appointments for evenings, weekends, and other selected times will be considered. My telephone number is 423-805-0134 (the voicemail is confidential).

Personal Qualifications:

Tennessee Licensed Professional Counselor, Mental Health Service Provider- License Number 3846•
National Board Certified Counselor -Certification Number 226343• Clinical Member of the American Counseling Association•

I received a Bachelor of Arts Degree from Xavier University in Cincinnati, OH and a Masters of Education Degree in Community Counseling from Clemson University in Clemson, SC.

Services: I provide a number of psychotherapeutic services which include but are not limited to:

- Therapeutic assessment• Individual and family therapy addressing a range of issues• Therapy involving behavioral issues with children and adolescents• Parenting education and support• Therapy involving adjustment to changes encountered by individual and family life cycle development •Greif Counseling
- Therapy for depression, anxiety, interpersonal conflict, anger management, intrapersonal conflict, codependence and family crisis.

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Fees: It is customary to pay for professional services at the time they are rendered. The fee rate for services is as follows:

- Initial Therapy Assessment: \$100
- Individual Therapy - 30 min: \$45
- Individual Therapy - 45 min: \$65
- Individual Therapy - 60 min: \$90
- Family Therapy: \$90
- Group Therapy: \$35

If you do not have insurance, you are responsible for any fees due at the time of service. If you have insurance, you are responsible for any fees due to me, Ryan McNealy Morehead, that your insurance company does not pay. If you choose to pay via credit or debit card, I am not liable for information regarding your payment which may be gathered by your credit card company via the payment process.

_____ (initial)

Confidentiality: The information you share in psychotherapy is protected health information and is generally considered confidential by both Tennessee statute law and federal regulations. Your therapy file can be subpoenaed in Tennessee through a court order (signed only by a judge) but is considered privileged in the federal court system. I am mandated by standards - through Duties to Warn - to breach confidentiality if I discover:

- 1.) you are threatening self-harm or suicide,
- 2.) you are threatening to harm another or homicide,
- 3.) a child has been or is being abused or neglected, and/or
- 4.) a vulnerable adult has been or is being abused or neglected.

In addition, if you or your child commits a crime against me or my practice, I have the right to report it to law enforcement. If you or your child has a medical emergency, I or a staff member may call medical personnel or EMS for assistance. Finally, if you wish your protected health information released to another party, you must sign a specific Release of Information.

Ethics: Ryan McNealy Morehead follows the Code of Ethics of the following organizations: The Tennessee Board of Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Pastoral Therapists • National Board of Certified Counselors •

Any type of sexual behavior between therapist and client is unethical. It is never appropriate and will not be condoned.

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Informed Consent: You will be asked to sign the last page of this document. Your signature verifies you have been given this document; that you have read and understand these documents, and that you consent to treatment. Further you need to be aware:

- Treatment is not always successful and may open unexpected emotionally sensitive areas. It is important that parents participate in their child's therapy for maximum benefit. In order for family therapy to be most effective all members of the family must participate in treatment as well.
- I am not a physician and cannot prescribe medications.
- There may be a time when I may need to consult with your physician, attorney, or other counselor.
- I am not available 24 hours a day.
- Appointments may be successfully canceled as late as 24 hours prior to the scheduled time. If this is not done, you may be charged \$50.00 for a missed appointment.
- I am licensed through the TN Board of Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Pastoral Counselors; this Board is located at 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 and may be contacted at 1-800-778-4123. _____(initial)

Prior to your counseling or therapy, you will receive 1.) an exact duplicate of my Professional Disclosure Statement and Consent for Treatment - both for your personal records. It will be necessary for you to sign indicating that you have received, read, and understand both documents. This certificate will be placed in your counseling/therapy file. Please do not sign the certificate if you do not understand any part of the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further. Please leave signature page with Ryan McNealy Morehead, LPC.

Thank you!

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I acknowledge that I have received and read Ryan McNealy Morehead's Professional Disclosure Statement and Consent for Treatment. I further acknowledge that I seek and consent to treatment with Ryan McNealy Morehead, LPC. My signature below confirms that I understand and accept all the information contained in Ryan McNealy Morehead's Professional Disclosure Statement and Consent for Treatment.

_____ Signature of Client

_____ Date

_____ Signature of Therapist

If more than one individual (e.g., spouse or family member) is seeking therapy, please have each of the others sign below. Signatures below confirms that each understands and accepts all the information contained in Ryan McNealy Morehead's Professional Disclosure Statement and Consent for Treatment, and that each seeks and consents to treatment. We will provide additional copies of Ryan McNealy Morehead's Professional Disclosure Statement and Consent for Treatment upon request.

_____ Signature of Client #2

_____ Signature of Client #3

_____ Signature of Client #4

_____ Signature of Client #5

_____ Signature of Client #6

_____ Signature of Client #7

_____ Signature of Client #8

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Notice of Privacy Practices
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file (all medical records or other individually identifiable health information held or disclosed in any form [electronic, paper, or oral]) is considered “protected health information” by HIPAA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in your therapist’s/counselor’s Professional Disclosure Statement and Consent for Treatment.

Use or disclosure of the following protected health information does not require your consent or authorization:

1. Uses and disclosures required by law - like files court-ordered by a Judge
2. Uses and disclosures about victims of abuse, neglect, or domestic violence - like the Duties to Warn explained in your counselor’s Disclosure Statement
3. Uses and disclosures for health and oversight activities - like correcting records or correcting records already disclosed
4. Uses and disclosures for judicial and administrative proceedings - like a case where you are claiming malpractice or breach of ethics
5. Uses and disclosures for law enforcement purposes - like if you intend to harm someone else (see Duties to Warn in your counselor’s Disclosure Statement)
6. Uses and disclosures for research purposes - like using client information in research; always maintaining client confidentiality
7. Uses and disclosures to avert a serious threat to health or safety - like calling Probate Court for a commitment hearing
8. Uses and disclosures for Workers’ Compensation - like the basic information obtained in therapy/counseling as a result of your Worker’s Compensation claim

Your Rights as a Counseling/Therapy Client under HIPAA

- As a client, you have the right to see your counseling/therapy file. This file copy will consist of only documents generated by us. You will be charged copying fees @ \$.20/page. Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.
- As a client, you have the right to request amendments to your counseling/therapy file.
- As a client, you have the right to receive a history of all disclosures of protected health information. You
- As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.
- As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

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Prior to your counseling or therapy, you will receive 1.) an exact duplicate of the HIPPA Client Rights Document Notice of Privacy Practices for your personal records. It will be necessary for you to sign indicating that you have received, read, and understand the document. This certificate will be placed in your counseling/therapy file. Please do not sign the certificate if you do not understand any part of the Professional Disclosure Statement and Consent for Treatment. Your counselor or therapist will be happy to explain these documents further. Please leave signature page with Ryan McNealy Morehead, LPC.

Thank you!

I acknowledge that I have received and read Ryan McNealy Morehead's Notice of Privacy Practices and HIPPA Client Rights Document. My signature below confirms that I understand and accept all the information contained in the HIPPA Notice of Privacy Practices and Client Rights.

_____ Signature of Client

_____ Date

_____ Signature of Therapist

If more than one individual (e.g., spouse or family member) is seeking therapy, please have each of the others sign below. Signatures below confirms that each understands and accepts all the information contained in Ryan McNealy Morehead's Notice of Privacy Practices and the HIPAA Client's Rights. We will provide additional copies of Ryan McNealy Morehead's HIPAA Client's Rights and Notice of Privacy Practices upon request.

_____ Signature of Client #2

_____ Signature of Client #3

_____ Signature of Client #4

_____ Signature of Client #5

_____ Signature of Client #6

_____ Signature of Client #7

_____ Signature of Client #8