



NWC COUNSELING

COUNSELING INDIVIDUALS COUPLES FAMILIES

1 Windsor Cove | Suite 303 | Columbia SC | 29223

nwccounseling.org • admin@nwccounseling.org • 803.851.6801

Our Disclosure Statement

This document outlines our services/confidentiality notice. Please read this document carefully and ask any questions you may have.

COUNSELING SERVICES

In order for therapy to be effective, you will be encouraged to work on things we talk about during our sessions, and even when you are at home. Psychotherapy has benefits and risks. Therapy often involves discussing unpleasant aspects of your life; you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. Successfully, therapy often leads to better relationships, solutions to specific concerns, and significant reduction of distress. If you have questions about what we are doing together, we should discuss them whenever they arise. You can also be referred to another mental health professional if you request.

MEETINGS AND CANCELLATIONS

Appointments have duration of at least forty-five minutes per visit. Frequent cancellations and/or failing to show for sessions influences the effectiveness of your treatment. You will be sent a **48-hour reminder** text regarding your scheduled appointment, please follow the instructions to confirm. **If you are unable to keep your appointment, PLEASE contact our office within 24-hours of your appointment to cancel and/or reschedule.** Missed appointments and cancellations without timely notice will be charged a **\$50.00 cancellation fee** unless your insurance or EAP provider prohibits. After (2) missed appointments, you may be subjected to same day availability scheduling. If additional missing appointments occur, you may be discharged from treatment services.

PROFESSIONAL FEES AND PAYMENT

Current rates are as following:

- Initial session (first session – up to 90 minutes): \$90
- Individual session (up to 60 minutes): \$75
- Couple or family initial session (first session – up to 90 minutes): \$90
- Couple or family session (up to 90 minutes): \$85

Self-payment and/or deductibles are to be collected at the time of session. Cash and credit/debit cards are accepted. All rates are subject to change with notice. Primary and secondary Insurance information is to be provided before intake session, and **claims that are rejected for services rendered will be responsibility of signed individual of the NWC Agreement.** **NWC Counseling will use an invoice system to collect payment, fees, and overdue charges using an email on file.**

CONTACTING US

Contact our office landline is (803) 851-6801 and our text line is (803) 563-7528. We are available during normal business hours (Mon-Thurs 9 am – 5 pm). Please note, calls/messages received will be returned as quickly as our office can.



NWC COUNSELING

COUNSELING INDIVIDUALS COUPLES FAMILIES

1 Windsor Cove | Suite 303 | Columbia SC | 29223

nwccounseling.org • admin@nwccounseling.org • 803.851.6801

LIMITS ON CONFIDENTIALITY

- When serious and foreseeable harm to you or others is evident.
- When release of confidential information is required by court order or requested by you.
- When child abuse or neglect is evident or suspected.
- When abuse, neglect or exploitation of adults who are vulnerable due to physical or mental impairment or advanced age is evident or suspected.

HIPAA

(Health Insurance Portability and Accountability Act)

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 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 counselor’s Disclosure Statement.

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

- Uses and disclosures required by law- like files court- ordered by a judge
- Uses and disclosures about victims of abuse, neglect, or domestic violence- see limits of confidentiality in disclosure statement
- Uses and disclosures for health and oversight activities – like correcting records or correcting records already disclosed.
- Uses and disclosures for judicial and administrative proceedings- like a case where you are claiming malpractice or breach of ethics.
- Uses and disclosures of law enforcement purposes- like if you intend to harm someone else (see limits of confidentiality in disclosure statement)
- Uses and disclosures for research purposes- like using client information in research; always maintaining client confidentiality.
- Uses and disclosures to avert a serious threat to health or safety- like calling Probate Court for a commitment hearing.
- Uses and disclosures for Worker’s Compensation – like the basic information obtained in counseling as a result of your Worker’s Compensation claim.

Your Rights as a Counseling Client under HIPPA

- As a client, you have the right to see your counseling /therapy file. Psychotherapy notes are afforded special privacy protection under HIPPA regulations and are excluded from this right.
- As a client, you have the right to request amendments to your counseling/therapy file. Psychotherapy notes are afforded special privacy protection under HIPPA regulations and are excluded from this right.
- As a client you have the right to receive a history of all disclosures of protected health information.
- As a client you have the right to restrict the use and disclosure of your protected health information for the purpose 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.