



# Mariposa Counseling Services

Phone: (312) 487-1456

Email: dsheppardlcpc@gmail.com

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## **Confidentiality Statement**

Confidentiality means that the clinicians at Mariposa Counseling Services have a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, the clinicians at Mariposa Counseling Services are not required to inform you of these actions.

### **Please note the following exceptions to confidentiality:**

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality may not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.
- Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records

## **HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)**

### **STATEMENT:**

In compliance with the Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996, Mariposa Counseling Services is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Mariposa Counseling Services, the information contained in your health record belongs to you.

### **You have the right to:**

- Request a restriction on certain uses and disclosures of your information;
- Inspect and obtain a copy of your health record;
- Amend your health record as provided by regulation;
- Obtain an accounting of disclosures of your health information as provided by law;
- Request communications of your health care information by alternative means or locations; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **ELECTRONIC COMMUNICATIONS**

Clinicians at Mariposa Counseling Services may use e-mail and other forms of electronic messaging to communicate with you regarding your treatment. While we use our best efforts to protect our electronic communications, please keep in mind that communications via e-mail over the internet are not secure.

Although it is unlikely, there is a possibility that information you include in an e-mail can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information, such as your birth date, or personal medical information in any e-mails you send to us. No one can diagnose your condition from email or other written communications, and communication via e-mail cannot replace the relationship you have with a physician or another healthcare practitioner.

## THE BENEFITS OF COUNSELING

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and/or a greater understanding of personal goals and values.

## THE RISKS OF COUNSELING

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Clinicians at Mariposa Counseling Services will do their best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

## TELEMEDICINE AND SUICIDAL IDEATION

**Telemedicine is not the appropriate method to help you with your suicidal ideations. If your clinician at Mariposa Counseling Services determines that you need immediate help, they will call 911, unless the person who accompanies you can bring you to the nearest emergency room.**

## PAYMENT OF FEES

All fees should be paid at the time the service is rendered. Cash, personal check, MasterCard, or Visa is welcome. Mariposa Counseling Services shall determine if there are any third-party payers liable for treatment costs incurred by a Client and shall follow procedures for seeking payment from these parties and for calculating subsequent charges.

## CANCELLATIONS

Cancellations must be made twenty-four hours in advance to avoid charge. If sessions are cancelled less than 24 hours in advance we reserve the right to charge a \$75 cancellation fee after the first occurrence.

## WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

I have read and accept this agreement and herewith consent to counseling, psychotherapy,  
and/or treatment with Mariposa Counseling Services.

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Client Signature or Legal Representative

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Date

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Client Signature or Legal Representative

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Date

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Client Signature or Legal Representative

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Date

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Client Signature or Legal Representative

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Date

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Mariposa Counseling Services Clinician

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Date