

## **Snapdragon Counseling Practice and Privacy Policies**

This document describes the therapy services provided by me/Snapdragon Counseling, your rights as a patient, and policies for my counseling practice. Please review this document carefully and let me know if you have any questions about it! As informed consent is an ongoing process, I will let you know about any changes to this policy and give you the opportunity to review/re-sign a consent document.

### **Snapdragon Counseling - Practice Policies**

#### **I. Nature of treatment**

Treatment effectiveness varies from person to person. Discussing, working with, and changing thoughts, feelings, and behaviors may be painful and challenging at times. I encourage you to be honest about your level of discomfort or distress so that we can take the time to address it in the moment and make a plan for taking care of yourself outside of our sessions.

I generally keep regular business hours (Monday-Friday 8:00am – 5:00pm) with some exceptions for evening sessions. If you reach out to me outside of these hours, I may not get back to you until the next business day. If you are struggling and you need to be seen or have a check-in phone call before our scheduled session, please reach out and I will do my best to accommodate you, but I cannot promise that I will have availability.

If you are in crisis, please utilize one of the Emergency/Mental Health Crisis resources provided below, call 911, or go to the nearest Emergency Department. If you have concerns about what resources are available to you should you be in crisis, we can discuss them further in therapy and make a proactive Safety Plan together.

- Call or text 988 or chat at [www.988colorado.com](http://www.988colorado.com) (24/7)
- Text Crisis Textline at 741741 or chat at <https://www.crisistextline.org/get-help-hub/> (24/7)
- Call the National LGBTQ+ Hotline at 888-843-4564 (hours at <https://lgbthotline.org/national-hotline/>)
- Call the RAINN hotline for survivors of sexual abuse and assault at 800-656-4673 (24/7)
- Call the Trans Lifeline at 877-565-8860 (hours at <https://translifeline.org/hotline/#faq>)

#### **II. Scheduling and cancellation**

Sessions are approximately 60 minutes in length. I will do everything I can to ensure that I am on time for your session, and I ask that you do the same. Four (4) hours' notice is required to cancel or reschedule an appointment to avoid being billed for the full fee of the missed session, with exceptions for emergencies. If there are multiple missed appointments with no communication beforehand, I may require a certain amount of time pass before we attempt to work together again.

### III. Payment and “Good Faith Estimate”

I charge a \$150 fee per session for therapy services, which is due by 11:59pm on the day of our scheduled session. Payments can be taken through Venmo (@snapdragoncounseling) or credit card payment on my website. If something comes up where you cannot pay that amount at the time it is due, please reach out to me as soon as possible to discuss a payment plan or additional options.

### IV. Feedback

Throughout therapy you are invited (and encouraged!) to share any concerns or questions that you may have about the therapy process. This helps me to personalize the treatment strategies to better match your unique needs. I believe that good therapy is dependent on trust and openness, so I am always open to feedback about what is and isn't working for you.

### V. Termination of Services

If you are unable to or no longer want to continue our work together, please let me know as soon as possible so that I can plan for final session(s). Similarly, if I am no longer able to keep working with you, I will let you know as soon as possible and focus our remaining time together on identifying appropriate resources and alternative providers should you want to seek therapy services elsewhere.

## Snapdragon Counseling - Privacy Policies

I. Under the Health Information Portability and Accountability Act (HIPAA), I may use or disclose your protected health information (PHI) for treatment, payment, and healthcare operations. To help clarify, here are some definitions:

- “PHI” is information in your health record that could identify you (name, DOB, etc.).
- “Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your Primary Care Provider or another therapist.
- “Payment” is when I obtain reimbursement for your healthcare. An example of this would be when I collect payment through my website, which shares data through a Business Associate Agreement (BAA) with Wix and Stripe.
- “Health Care Operations” are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. When I am asked for information for purposes outside of those listed above, I will obtain your permission and a signed Authorization to Release/Exchange PHI form first. I will do the same before releasing your therapy notes to anyone (as these are under even stricter scrutiny under HIPAA).

You always have the option to revoke any previous authorizations, using the Revocation of Authorization form on my website.

III. Exceptions - I may use or disclose PHI without your consent or authorization in the following circumstances:

**Serious Threat to Health or Safety:** If I have reasonable cause to suspect that you pose a serious threat of harm to yourself or someone else, I am legally required to contact local authorities and/or the threatened individual(s)\*. I might also contact your provided emergency contact to further ensure your health and safety.

\*Note: As an anti-oppression therapist, I will explore every possible option to address the issues that you are facing without calling 911. There are many different tools (including preventative Safety Plans) that we can utilize to avoid any potential harm from interactions with law enforcement/first responders. I will always let you know before reaching out to authorities so we can discuss what that involves, and the possible outcomes that may occur afterwards.

**Abuse of Child, Elder, or Dependent Adult:** If I have reasonable cause to suspect that a child, elder, or dependent adult is being abused or maltreated, I am legally required to report the information to the appropriate state or local protective services agency. I will always let you know before making that report so we can discuss what that involves, and the possible outcomes that may occur afterwards.

**Health Oversight:** If I am investigated or audited, your relevant PHI may be provided to the Colorado Department of Regulatory Agencies (DORA).

**Judicial or Administrative Proceedings:** If I receive a court or administrative order, I will always attempt to get your authorization before releasing your records, but may be legally required to provide records without your consent.

IV. Your rights and my responsibilities as a therapist

**Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to request that certain PHI not be used or disclosed for treatment, payment, or health care operation purposes.

**Right to Choose How Your PHI Is Sent to You:** You have the right to ask to be contacted in a specific way (for example, texts or phone calls) or to send mail to a different address, and I will do my best to accommodate your requests.

**Right to Inspect and Receive Copies of your PHI:** You have the right to view and/or obtain a copy of your records. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within thirty (30) days of receiving your written request.

**Right to List of Disclosures Made:** You have the right to request a list of instances in which your PHI was disclosed for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. I will respond to your request for an accounting of disclosures within thirty (30) days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time.

**Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may deny your request, but will explain the denial in writing within thirty (30) days of receiving your request.

**Rights Under the “No Surprise Act”:** If you are not using insurance for therapy, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Please see Section III of Practice Policies above for exact information about pricing and payment.

- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 800-985-3059.

**Therapist’s Duties:** I am required by law to maintain the privacy of your PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

## V. Questions and complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me at [alexwashburnlcswh@gmail.com](mailto:alexwashburnlcswh@gmail.com) or 720.663.1282 to discuss these matters.

If you believe that your privacy rights have been violated and wish to file a complaint, you may contact Colorado’s Division of Professions and Occupations at 303.894.7800 or at <https://apps2.colorado.gov/dora/licensing/activities/complaint.aspx>. You may also address your complaints to the Secretary of the US Department of Health and Human Services by visiting the website [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).

I will not retaliate against you for exercising your right to file a complaint.