THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations
We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **“PHI”** refers to information in your health record that could identify you.
- **“Treatment, Payment and Health Care Operations”**
  - Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist or counselor.
  - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of The PRACTICE Clinic. Examples of health care operations are quality assessment and improvement activities, for educational purposes, business-related matters such as audits and administrative services, and case management and care coordination.
- **“Use”** applies only to activities within our clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of our clinic such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization
We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when we are asked for information for purposes not described in this (i.e. outside of treatment, payment and health care operations) we will obtain an authorization from you before releasing this information. We will obtain an authorization from you before using or disclosing psychotherapy notes or PHI for marketing purposes. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent Nor Authorization
We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reasonable cause to believe that a child has been abused or neglected, we must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older person (age 60 or older) or vulnerable person (age 18 and older) has been abused, neglected, exploited or isolated, we must make a report to the
local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff’s
office, or other appropriate agency within 24 hours after becoming aware of this information.

- **Health Oversight:** If we receive a request from a Nevada licensing body with respect to an inquiry or complaint about
  the professional conduct of one of our staff, we must make available any record relevant to such inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for
  information about your diagnosis and treatment and the records thereof, such information is privileged under state law,
  and we will not release this information without written authorization from you or your legally-appointed representative,
  or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is
  court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** We may disclose confidential information from your records if we believe such
disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm. We
may only disclose such information and to such persons as are consistent with the standards of our profession in
addressing such problems.
- **Worker’s Compensation:** If you file a worker’s compensation claim, and if we provide treatment to you relevant to
that claim, then we must submit to your employer’s insurer or a third party administrator, a report on services rendered.
- **Research:** We may disclose health information to researchers where you have authorized such disclosure. We may
also disclose health information where the disclosure is solely for the purpose of designing a study, or where the disclosure
concerns decedents, or the disclosure is approved by an institutional review board (IRB) or properly constituted Privacy
Board if the Board has determined that obtaining authorization is not feasible and protocols are in place to ensure the
privacy of your health information.
- When the use and disclosure without your consent or authorization is **allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law.** This includes certain narrowly-defined disclosures to law
enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical
examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government
functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

### IV. Patient’s Rights and Psychologist’s Duties

**Patient’s Rights:**

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of
  protected health information about you. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the
  right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For
  example, you may not want a family member to know that you are being seen at The PRACTICE. Upon your request, we
  will send correspondence to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in our mental health
  and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your
  access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we
  will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the
  record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which
  you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we
  will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of this notice from me upon request, even if
  you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket**- You have the right to restrict
  certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI**- You have a right to be notified if: (a) there is a
  breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been
encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

- **Right to Opt out of Fundraising Communications.** You have a right to decide that you would not like to be included in fundraising communications that we may send out. [We currently do not send such communications to our clients.]

**Mental Health Professional’s Duties:**
- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise the policies and procedures, we will notify you in writing by U.S. Mail, by posting on our website, or by giving you the revision in person.

**V. Complaints**
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact:

The PRACTICE Director – Dr. Michelle Paul  
University of Nevada, Las Vegas  
4505 S. Maryland Parkway  
Box 453033  
Las Vegas NV 89154-3033  
(702) 895-1532

Or

Nevada Board of Psychological Examiners  
PO Box 2286  
Reno, NV 89505-2286  
(775) 688-1268.

Or

Board of Psychological Examiners for Marriage & Family Therapists and Clinical Professional Counselors  
P.O. Box 370130  
Las Vegas, NV 89134-0130  
(702) 486-7388

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (HHS).

**VI. Effective Date, Restrictions and Changes to Privacy Policy**
This notice will go into effect on August 1, 2013.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we change this notice, we will post a new version in our waiting area, and you can always get a copy of it from The Director or her staff.
SOCIAL MEDIA AND INTERNET POLICY (Interacting Outside of Treatment Sessions)

In general, it is the policy of the PRACTICE that your counselor/therapist will not provide you with their personal cell phone number, or email address. All communication outside of your counseling/psychotherapy sessions should be handled by contacting the PRACTICE office at (702) 895-1532. This is the PRACTICE’s policy related to the use of Social Media and the Internet as a way of communicating with your counselor/therapist outside of sessions. Please read through this information as it will help you to better understand how your counselor/therapist will conduct themselves as a mental health professional. It will also explain how you can expect your counselor/therapist to respond in various interactions, should they occur, with you on the Internet, or through other forms of technology.

Counseling/therapy can at times feel friendly, especially when a close relationship develops between you and your counselor/therapist, and it may seem natural for you to want to communicate with her/him outside of treatment sessions. However, your counselor/therapist cannot be your friend. Any interaction outside of treatment sessions would be considered a “dual relationship”. This would not be ethical, may not be legal, and definitely would not be in your best interest. Dual relationships compromise the professional relationship and can call into question your counselor/therapist’s ability to put your best interests first.

Our primary concern is always your wellbeing, and maintaining your confidentiality and privacy. Another consideration in limiting interaction outside counseling/therapy sessions, especially through the Internet is that it may jeopardize your confidentiality and privacy. Social Media sites, email, messaging, including texting, are not secure means of communication. It may also create the possibility that these interactions will become a part of your legal medical record and will need to be documented in your file. If you have any questions about anything within this document, you are encouraged to bring them up with your counselor/therapist when you meet. Please review the following types of communication/interaction that should not occur between you and your counselor/therapist.

All Social Media Networking Sites (Facebook, LinkedIn, Twitter, etc.): Staff of the PRACTICE will not accept friend or contact requests from current or former clients on any social networking sites. A counselor/therapist may use Twitter or publish a blog as a means to communicate with friends, family and colleagues. If you “follow” your counselor/therapist, she/he will not “follow” you back. These sites are not secure and interacting on them as friends, contacts, or as a follower can compromise your confidentiality and privacy. It may also blur the boundaries of the therapeutic relationship between you and your counselor/therapist.

Messaging (SMS Mobile Phone & Social Network Messaging): Please do not use any of the messaging functions on any social network sites to communicate with your counselor/therapist. Your counselor/therapist will not message you in response. In the rare circumstance that you have been given your counselor/therapist personal cell phone number; please do not use text messaging as a form of communication. Your counselor/therapist will not respond in kind. Engaging with your counselor/therapist in this manner could compromise your confidentiality and privacy.

Emailing: While your counselor/therapist will not give you her/his personal email address, we recognize that email addresses may be easily found on the Internet. Please do not try to communicate with your counselor/therapist by email and do not email any content related to your counseling/therapy sessions. Email is not completely secure or confidential. Email communications are retained in the logs of the Internet service providers being used. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

Search Engines: Your counselor/therapist will not search for you through Google, Facebook or any other type of search engine as part of their work with you. Extremely rare exceptions may be made during times of crisis. For example, if your counselor/therapist has a reason to suspect that you are in danger and is unable to reach you through the contact information that you provided there might be an instance in which using a search engine becomes necessary as part of ensuring your welfare. These are unusual situations and if this ever occurs, your counselor will document the situation and discuss it with you at your next scheduled session.

If there are things from your online life that you wish to share with your counselor/therapist, please bring them into your sessions where they can be discussed together.
Welcome to The PRACTICE at the University of Nevada, Las Vegas (UNLV). The PRACTICE is a community mental health clinic sponsored by the University’s Colleges of Education and Liberal Arts. UNLV faculty experts in clinical and school psychology and counseling train and supervise advanced graduate students in high quality mental and behavioral health care. We appreciate your giving us the opportunity to be of help to you. Please take a few minutes to read this document and our Notice of Privacy Practices. If you have any questions, please ask a staff member or your counselor/therapist.

**Services:** The PRACTICE provides individual and group counseling/psychotherapy, and psychological assessment services for the local community. This document provides information regarding counseling/psychotherapy services. Information regarding psychological assessment services is contained in a separate document.

We are committed to providing the best care possible, based on the most up to date research and knowledge available. It is the responsibility of the PRACTICE to make recommendations that are in your best interest. If our services are not appropriate for your presenting concern, we may refer you to another community agency. The PRACTICE does not refuse services to any individual on the basis of: race/ethnicity; gender; age; physical or mental disability unlikely to affect the therapeutic process; an unfavorable discharge from military service; veteran, marital, or parental status; source of income; religious/spiritual beliefs or practices; sexual orientation; immigration status; or nationality.

**Staff:** When you receive services at The PRACTICE you are being served by a team. Your assigned counselors/therapists will be graduate students working on their Doctoral or Master’s degrees in counseling, school psychology, and/or clinical psychology at UNLV. They will be supervised by professional, experienced members of the faculty licensed or credentialed in their respective fields. The supervisors oversee both your counselor/therapists’ learning and your care or treatment plan. The supervisors also ensure that legal, ethical and professional standards are maintained. Supervisors meet with your assigned counselors/therapists at least weekly. Supervisors may also join your assigned counselors/therapists in meetings with you.

Our group psychotherapies are typically facilitated by 2-3 leaders for each group. You will likely experience transitions in the group leaders during your care, although efforts are put forth to maintain consistency.

**Risks/Benefits:** Counseling/psychotherapy has been demonstrated to help many individuals with benefits that include improvement or resolution of the specific concerns that brought you to counseling/psychotherapy. These benefits include a better understanding of yourself, enhanced coping skills, and improved interpersonal and daily functioning. Achieving these benefits requires an open and honest relationship with your counselors/therapists and a sincere effort to follow through with your treatment plan in order to reach your identified goals. For example, you may be asked to practice a new skill outside of your counseling/therapy session, or to complete a homework assignment such as writing in a journal or reading a book or article to deepen your learning.

The primary risk of counseling/psychotherapy is that the process may involve discussing problems or life events that bring about emotional discomfort. Although this discomfort is usually temporary, it should be brought to the attention of your counselors/therapists. If counseling/psychotherapy does not result in the change you hoped for, we recommend that you discuss this with your counselors/therapists so that we can help you decide whether to discontinue counseling/psychotherapy, try different treatment techniques, or seek alternative help.

Lastly, because The PRACTICE is a training clinic, our clinicians are assigned to work here for 5-12 months before moving to a new training site or graduating. If your treatment involves long-term care, it is likely that you will be transitioned to new counselors/therapists. Counselors/therapists make every effort to ensure that transfers of care are done with forethought and preparation so that your care is not compromised. While transitions after establishing relationships can be difficult, it is also true that clients/patients find benefit in meeting new counselors/therapists who bring fresh perspectives.
Audio/Video Tapes: The PRACTICE is a training facility. In order to ensure the highest quality of services and to comply with professional training standards, all sessions will be video or audio recorded. These recordings are used for supervisory purposes and are kept strictly confidential. Audio/video recordings of counseling/psychotherapy interviews may also be used for educational purposes, with the identity of the client/patient concealed. Recordings are not considered part of your clinical record and are permanently erased no later than the end of each semester. Consent for recording all counseling/psychotherapy and testing/assessment sessions is a condition of receiving services at the PRACTICE. Should you decline to have your sessions recorded, you will not be able to receive services at the PRACTICE and an appropriate community referral will be made.

(If a student or faculty member wishes to keep a recording for longer than one semester, they will need to request your written permission. You are not required to consent in this situation in order to continue receiving services.)

Progress Notes: To facilitate your treatment and monitor your progress, your participation in each counseling/therapy session will be documented within your confidential electronic treatment record. To enhance coordination of care, members of your treatment team at The PRACTICE (e.g., your group counselors/therapists, your individual counselor/therapist if applicable, supervisors, and clinic directors) will have access to these records.

Fees: The fee for your initial therapy intake appointment is $20.00.

Individual and group counseling/psychotherapy session fees are determined on a sliding scale basis.

- Fees for individual therapy are payable prior to the start of each session.
- Group psychotherapy services are billed in increments of four sessions. This fee is applied to four consecutive visits of group psychotherapy. This payment is non-refundable, and cannot be applied to services other than group (e.g., group fees cannot be applied to individual therapy visits). Payment is applied to the four consecutive sessions, even if you are absent for a group. For example, if your group fee was determined to be $5 per session, you would need to pay $20 before your first scheduled session, before your fifth scheduled session, before your ninth scheduled session, and so on – even if you missed a session/s. For some groups, an additional $5 fee may be required for materials.

Every attempt will be made to set a fee that is affordable for you. The PRACTICE takes payment in the form of cash or checks and credit card/ATM. Please refer to the “Financial Information Form and Contract” for additional information regarding fees and our cancellation policy.

The PRACTICE is not currently set up to bill any insurance company for your treatment. If you do have an insurance plan that covers mental health services and consent to treatment or assessment here, you are choosing an out-of-network provider and will be responsible for the entire cost of your care.

Miscellaneous Fees: Fees are charged for printing/copying records. Currently the standard fee is $.60/page. Charges for other professional/case-management services including but not limited to letter writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, and preparation of record or treatment summaries will be based on your hourly session rate charged in 15 minute increments.

Appointments/Messages: Appointments, cancellations and changes in scheduled appointments, or other messages, can be made by calling the PRACTICE main line at (702) 895-1532. If no one is available, please leave a message and someone will return your call as soon as possible.

We value your time. Individual appointments are reserved for you and typically last 25-50 minutes; group appointments are typically 80 minutes. All appointments begin and end on time. The PRACTICE staff expects clients/patients to keep all
scheduled appointments. An appointment is a commitment to doing the work required of you in counseling/psychotherapy. However, if unforeseen circumstances cause you to be unavailable for your scheduled appointment, please call at least 24 hours in advance. A finance fee will be applied for failing to cancel a session within 24 hours of your appointment.

If you are more than 10 minutes late for an individual appointment, your counselor/therapist may no longer be able to see you that day and you may need to re-schedule individual appointments. If your counselor/therapist is still available to meet with you even though you are late, you will only be able to meet for the remainder of the scheduled session, no additional time will be given to make up for the time you were late. If your counselor/therapist is late for an individual meeting, he or she will make up the time and you will receive the full amount of time of your scheduled session. If you miss two consecutively scheduled individual appointments, at the discretion of your counselor/therapist, you may be referred to a community agency for your continued mental health needs.

For group appointments, please plan to arrive 15 minutes before group begins. Early arrival allows you to complete your outcome assessment and ensures that you will be here by the time group starts even if you encounter unexpected circumstances (e.g., issues with parking, traffic). Nonattendance at group interferes with your ability to receive maximum benefit from treatment and may be disruptive to others. If you do not attend a scheduled group psychotherapy appointment, you can expect to be contacted by your group leader to try to resolve attendance problems. If you expect to regularly have other obligations that interfere with your attendance, group psychotherapy is unlikely a good fit.

All groups start on time and end on time. We do allow a 10 minute grace period for unusual circumstances – during the first 10 minutes of group you will be allowed entry even if you are late. However, this is meant to account for unusual circumstances and should not be used regularly. You will be denied entry to group if you are more than 10 minutes late or are routinely late.

Individualized Care in the Group Program: Every client/patient in a psychotherapy group at The PRACTICE is assigned a case manager. The case manager is typically one of the group co-leaders or a group observer for the group that you attend. The case manager serves as your primary contact person at The PRACTICE and is in charge of several aspects of your care. However, feel free to speak with any of your facilitators. The following provides more detail about the case manager’s function:

- Coordination of care: You may be entering The PRACTICE clinic having already established care with other treatment providers, such as an individual psychotherapist in the community or a psychiatrist. In this case, most of your case manager’s involvement in your care will be coordinating with these other providers. Tasks therefore might include:
  - Completing Release of Information with you for outside providers.
  - Contacting outside provider/s to discuss your treatment plan and progress at The PRACTICE.
- If you see an individual therapist at The PRACTICE, your case manager will consult regularly with the therapist to ensure your treatment goals are being met in group psychotherapy.
- Individual client/patient meetings: Your case manager may meet with you individually to discuss your treatment goals and determine how group therapy can be most effective for you. These meetings typically occur near the beginning of treatment, and less frequency as you learn to utilize the group therapy to meet your needs.
- Your case manager will also be responsible for contacting you if you do not attend a session, or other concerns arise.
- You should talk to your case manager about whether or not your treatment needs are being met.
- If you have other requests, such as completion of forms to verify your attendance in therapy, you should discuss the request with your case manager.
You should let your case manager or other group facilitator know if your symptoms are worsening, particularly if you notice increased risk of harming yourself or someone else. We can arrange to give you the individualized attention you may need during these times, and possibly consider additional or alternate treatment options.

Communication: The PRACTICE may contact you (by phone, voicemail, or letter) as needed at the listed telephone number and address to follow up on care or provide a reminder of an appointment. If you have concerns or questions regarding communication, please ask to speak with a staff member. Additionally, we encourage you to review the PRACTICE’s policy on social media to understand how communication/information will be treated through the internet, or any other electronic device, including cellular phones.

Confidentiality/Privacy of Information: Because this is a training facility counselors/therapists will consult with their clinical supervisor/s regarding your ongoing care and treatment. Additionally, please read the “Notice of Privacy Practices” regarding how information about you may be used and disclosed. The following group psychotherapy guidelines will be enforced to further ensure privacy and create an environment of trust.

1) Members of group will maintain confidentiality to promote an environment of trust and safety. This includes not discussing any of the problems, history, issues, or other facts presented by any group member (even if you conceal the name of the member) with anyone outside of group.*
2) Members of group will not invite visitors (including children) to the group sessions.
3) If someone you know is in the group or joining the group with you, please bring this to the facilitator’s attention prior to your first session.
4) Members of group will not use drugs or alcohol before or during group.
5) Members of the group will not use their cell phones during group.
6) No physical contact is allowed in group.
7) Members will be mindful of other group members, including others’ environmental sensitivities (i.e., wearing strong perfumes, colognes, scented lotions, dressing appropriately for group, etc.).
8) Please notify the group facilitator if you have to leave a group session early. Call and inform the front desk if you will miss or if you will be late to group. Appointments and cancellations can be made by calling the PRACTICE at (702) 895-1532. If no one is available, please leave a message and someone will return your call as soon as possible.

* Although each member has read and agreed to the confidentiality statement of the PRACTICE, group members are not therapists and are not obligated to maintain the same ethics and laws as the therapist.

Notice to Patients Regarding the Destruction of Health Care Records: According to Nevada law (subsection 7 of NRS 629.051) we are required to notify you that:

• The health care records of a person who is less than 23 years may not be destroyed.
• The health care records of a person who has attained the age of 23 may be destroyed for those records which have been retained for at least 5 years or a long period provided by federal law; and
• The health care records of a patient who is 23 years of age or older may be destroyed after 5 years or a longer period provided by federal law.

Research: The PRACTICE supports behavioral, cognitive, and mental health research by UNLV faculty and graduate students. We routinely collect and analyze data to help improve the quality of our services or contribute to the research mission of the university. In addition, UNLV faculty and graduate students might contact you to discuss participation in a specific research study. Your chart may be reviewed by The PRACTICE’s research clinician/s to determine your eligibility for particular studies. You will have the opportunity to choose whether or not you would like to participate in such a study. Your choice to participate in the study will not affect any services you receive at the clinic. Any reporting of research results will not include information that could identify you.
Clients/patients Under the Age of 18: To work with a client/patient under the age of 18, the PRACTICE must have the signature of a parent or legal guardian (appointed by a court of law) on this consent form before any general treatment may begin. In the case where there are multiple legal guardians (e.g. divorced parents), we may request consent from all parties. The consent is effective until the student reaches legal age (18 years old) in the state of Nevada. The law usually allows parents to examine their child’s treatment records. The only exception is when the counselor/therapist judges that such access is likely to injure the child or unless parent/s and the counselor/therapist agree otherwise. With respect to the latter, in order to build an effective therapeutic working relationship, children and adolescents need to trust that the therapist will not tell others about the specific things they say in therapy. In other words they need to be assured that their meetings are private. Therefore, we ask that parents grant their children the same confidentiality they would hold as adults.

Group Psychotherapy: Children (8-12 years old). You are expected to attend group with your child and participate throughout. Your child’s benefit from group is largely related to how much you engage with the materials, learn the skills, and practice with your child outside of session.

Group Psychotherapy: Adolescent (13-17 years old). For the most part, your adolescent will be attending group on their own. However, you may be requested to join the group for some sessions or meetings. In this case, you are expected to engage in the process. You are an integral part of your adolescent’s treatment; your adolescent’s ability to benefit from services is compromised if you are not involved. We may decide that we cannot continue to provide services if you are not involved.

Your child’s counselors/therapists will talk with you about how your child is doing and provide recommendations to help your child. Or they may talk to you about things your child decide with them that you need to know about. Sometimes the counselors/therapists will meet with you alone, your child alone, or you and your child together. Be assured that your child’s counselors/therapists will inform others if they suspect that your child is in danger of seriously hurting themself or someone else. They will also inform others if the child is in danger of being hurt by anyone.

Emergency Information: The PRACTICE does not offer after-hour evening or weekend on-call or crisis services. Should an emergency situation occur the following resources are provided for your information:

- **Call 9-1-1 or go to the nearest emergency room for an emergency**
- **For psychological concerns:** Call the Southern Nevada Adult Mental Health Services @ 486-6000 (M-F 8-5 pm, no insurance necessary) or Southern Nevada Child and Adolescent Services @ 486-6120 (M-F 8-5 pm, no insurance necessary) or Montevista Hospital @ 364-1111 (24 hrs) or Spring Mountain Treatment Center @ 873-2400 (24 hrs)
- **National Suicide Prevention Lifeline:** 1-800-273-8255
- **Nevada Suicide Prevention Hotline:** 1-877-885-4673
- **State of Nevada, Children’s Mobile Crisis Response Team:** 702-486-7865

Termination: Please inform your counselor/therapist if you are planning to discontinue treatment for any reason. The final session is an important part of the counseling/psychotherapy process and should be discussed in advance, just as any mutually agreed upon decision.

Our clinic has a waiting list. Missing appointments without calling in advance to cancel or without communicating with your counselor/therapist may result in your case being closed. You will be notified by mail if this happens. If you return to the clinic after your case has been closed, you will be returned to the waitlist and may need to repeat the intake process.

Compliments or Complaints: We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints regarding your care at the PRACTICE, please ask to speak with the Director.
If you do not sign this form we cannot provide counseling/psychotherapy services to you.

I have read, or have had read to me, the information and expectations outlined in

1) The Information & Services – Counseling/Therapy (6-page document)
2) The NEVADA Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information (3-page document)
3) Social Media and Internet Policy (1-page document)

I have discussed the points I did not understand, and have had my questions, if any, fully answered.

If I have any questions, I will call the front desk phone number (702-895-1532), and someone will be happy to answer them for me.

I agree to act according to the information and expectations and terms covered in these 3 documents. I agree to enter into counseling/therapy with the assigned counselor/therapist (or have the client/patient enter into counseling/therapy), and to cooperate fully and to the best of my ability, as shown by my signature below.

Client/patient's Name: ____________________________________________
(please print)

Responsible Party: _____________________________________________

Relationship to Client/patient: ____________________________
(please print)

__________________________________            _______________________________________
Responsible Party's Signature           Date