

Client Rights, Information, & Orientation

REV. J. LYNN JAMES, LCPC
Ordained Minister
Licensed Clinical Professional Counselor

You are the authority about your life, your needs, and your feelings. I believe that the ultimate answers you seek are already within you. Counseling simply assists you in accessing those answers and then helps you discover how to make optimal use of them. Counseling is also about identifying your strengths and gifts, and figuring out ways to apply them to your life.

The counselor's role is to create a safe, supportive space and to collaborate with you to solve problems, and to sort out and heal life experiences, including the feelings and thoughts that go with them. Counseling is a partnership. We work together to help you achieve your goals.

People seek counseling services:

- to grow personally and professionally,
- to enrich relationships,
- to reduce and manage stress,
- to cope with grief and loss,
- to evaluate important life decisions,
- to recover from traumatic events,
- to elevate mood,
- to reduce anxiety,
- to gather courage while learning and implementing strategies to make changes, and
- to simply live more fully.

Counseling is a unique but genuine relationship where trust, compassion, attentiveness, and deep respect are as essential as clinical knowledge and skills. You have the right at all times to useful and professional assistance, and considerate and respectful treatment.

Part of my role is to provide you with information about the issues and concerns you bring. I often recommend books and I brainstorm with you about ways to practice new skills. However, you are always in charge of whether or not a recommendation is helpful or worth pursuing. Like you, I also do "homework" between sessions. For every client I see I invest at least 30 minutes following each session rereading my notes, reviewing research, and simply thinking.

I value and honor the diversity and complexity of human beings. I do not discriminate based on race/ethnicity, economic status, physical or mental special needs or challenges, religion, gender, sexual orientation, or other realities that make us all unique individuals.

CONFIDENTIALITY.....

All counseling services are confidential and private. I will not release information to anyone without your written consent. There are three exceptions to this policy, all of which are protective. I am a "mandated reporter" under the Illinois Abused and Neglected Child Reporting law. This means that if I feel a child **is being** abused or neglected or is at **imminent risk** of harm, I must report it. This does not apply to disclosures of past abuse and neglect. I must also report if I receive information that someone is at **immediate risk** of harm, either from

themselves (suicide) or from someone else (homicide).

I keep all client records in a locked file drawer in my office. Only billing information is on my laptop computer, and it is accessible only to me via a secure password. You have a right to see everything that is in your file whenever you wish.

COUNSELING ETHICS.....

The Code of Ethics of the American Counseling Association (of which I am a member) describes behaviors that are considered unethical for counselors

and other “helping” professionals to engage in:

- Counselors should never discuss his or her personal problems with a client.
- Counselors should never have a social or sexual relationship with a client, either while the client is receiving services or in the future.
- Counselors should never engage in a business transaction or any other interaction that would compromise the client’s best interest.
- Counselors should be clear about the limitations of their experience and areas of expertise, and should refer to other professionals any issues for which they are not trained.
- Counselors should receive ongoing case consultation, and they must comply with ongoing continuing education requirements.

PROFESSIONAL TRAINING & BACKGROUND...

I have been a professional counselor, and have maintained my private practice, since 1990. For three years I directed a children’s counseling program for a Chicago-area domestic violence agency, and for another three years I directed the counseling program at a Chicago-area rape crisis agency.

I have post-degree training in anxiety; PTSD, complex PTSD and dissociation (the effects of accidents, natural disasters, abuse, and violence); bi-polar illness; depression; dealing with the “inner bully;” parenting and step-parenting; couples counseling; pre-marital counseling; reproductive issues and women’s health; infertility counseling; life coaching; stress management; peak performance; chronic illness; grief, death and dying; and spiritual direction.

Although I am an ordained pastor, I am deeply respectful of, and comfortable with, people from a wide variety of religious backgrounds, as well as those who are simply not religious. I do not counsel persons from my church, nor do I solicit counseling clients to become church members. I have deep respect for the uniqueness of each person’s spiritual journey.

INSURANCE.....

Insurance coverage for mental health services varies, even within the same insurance carrier. Payment is due at the time of service. I will provide you an “insurance-compliant” billing statement at each session, and you are responsible for submitting the statement to your insurance company for reimbursement. It is a good idea

to call your insurance company in advance to verify your out-of-network coverage.

I release only your minimum personal information that is required to bill for insurance payments. You and I will complete the required forms together so you have full knowledge and consent. Once the information has left my office, it belongs to your insurance company and is not under my control.

FEES

My fee is \$110 for 55-minute sessions. I am committed to keeping my fee reasonable and affordable. My intention is to be as clear as possible about my fee expectations so that my clients feel they have been treated fairly. If you feel your situation warrants special consideration, please discuss this with me, and we can explore possible solutions.

I do not charge for telephone calls under five (5) minutes. After that time I charge for my time at a rate of \$1 per minute.

Because an appointment time has been reserved for you in my day, cancellations with less than 24 hours notice will be charged a \$50 fee. “No shows” are charged the full fee. If you are ill and need to cancel, it is very helpful to let me know as soon as is possible.

I hold myself to that same standard. In the unlikely event that I make a scheduling error and fail to show up for some or all of your session, you will receive a free or reduced-fee session.

I check my telephone messages throughout the day, from around 8 AM to 8 PM. If you experience an emergency that is life-threatening or that requires an immediate response, please call 911 or contact the closest Emergency Room.

QUESTIONS?

If you have any questions or concerns about any of this information, please don’t hesitate to talk to me.

Rev. J. Lynn James, LCPC
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HIPAA: NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: April 14, 2003

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. The privacy of your health information is important to me.

This privacy notice is being provided to you as a requirement of a federal law: the Health Insurance Portability and Accountability Act (HIPAA).

This Privacy Notice describes how I may use and disclose your protected health information to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information in some cases. Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. In situations where Illinois law is more stringent than what is required by the HIPAA privacy regulation, the state law takes precedent.

1. Treatment — I may disclose your protected health information to coordinate treatment with other service providers, including, but not limited to, physicians, nurses, psychiatrists, clergy, social workers, and psychologists **only with your written permission.**

2. Payment — I may disclose demographic information (your address, telephone number, gender, place of employment), diagnosis, and dates of service, and fees to your insurance provider in order to obtain payment. I may also disclose information necessary to determine eligibility for benefits or to demonstrate the medical necessity of the services.

I will provide you with the form that insurance companies use to make these determinations, and we will fill it out together so that you are in control of, and consenting to, the information.

3. Individuals involved in your care or payment for your care —

I cannot acknowledge whether someone is, in fact, a client, either presently, in the past, or scheduled for a future appointment without that person’s written permission specifying to whom disclosure is allowed and what exactly is to be disclosed. This includes to members of your family. The only exception would be to notify your emergency contact person, chosen by you, in the case of an incapacitating emergency, to inform them only of your emergency condition, and your location if you are unable to do so.

4. Subpoena, Lawsuits, Legal Disputes —

If you are involved in a lawsuit or dispute, I will disclose your protected health information only if properly ordered to do so by a court, and even then I am required to notify you before doing so, so that you may notify your legal counsel.

5. Right to request confidential communications —

You have the right to specify how I communicate with you, including where and whether I will leave messages.

Once you have provided written permission to release your protected information, you may withdraw your permission at any time. If you believe your privacy or other ethical standards have been violated and you have not received a satisfactory response from me, you have a right to file a formal complaint with the Illinois Professional Licensing Agency. You will not be penalized for filing a complaint.

Further information about the HIPAA law and other counseling-related information can be found on the American Counseling Association web site:

www.counseling.org

continued...

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

I, _____, have received and read a paper copy of, or have gone online and read, the “*HIPPA: Notice of Privacy Practices for Protected Health Information*” and the “*Client Rights, Information, & Orientation*” form from the office of Lynn James, LCPC.

Signature _____ Date _____

HOW I WOULD LIKE TO BE CONTACTED

- Leave a message for me at this number: (_____) _____
- Even though e-mails are never 100% confidential, I give permission for you to send an e-mail message regarding scheduling only to this e-mail address: _____
- It is OK to leave a message with this person(s):
Name _____ Telephone (_____) _____
Name _____ Telephone (_____) _____
- My emergency contact person is:
Name _____ Telephone (_____) _____
- I give Lynn James, LCPC, permission to bill my insurance company.
Insurance company _____

Signature _____ Date _____

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