



Professional Disclosure Statement and Consent for Treatment

Ashley W. Harris, M.S.

The majority of this document is mandated by both South Carolina State law and Public Law 104-191; it is provided for **your** protection. The Cottage has tried to anticipate any risks you may face as a result of being in counseling. If you have any questions regarding the documents you have received, please feel free to discuss them with Ashley W. Harris, MS.

All services provided should be considered counseling and coaching by law rather than psychotherapy since Ashley is currently awaiting his licensure.

Contact Information: Telephone number is 864-360-3698 (the voicemail is confidential) and the fax number at The Cottage is 864-241-9001. Email address is ashleyhgmhc@gmail.com. It is checked at least once every working day.

Personal Qualifications: Ashley W Harris, MS holds a Master's in Science Degree in Applied Sociology from Clemson University. He is also finishing his Master's in Mental Health Counseling from Webster University. He is currently working towards obtaining his South Carolina License in Professional Counseling.

Ashley is presently employed by Greenville Mental Health in the Child and Adolescent Services Division; FYCB (Family You Can't Beat Them) as a group counselor and The Cottage as a counselor and family coach. Ashley trained at The Cottage in eating disorders counseling as an intern for his professional counseling practicum through Webster University.

Ashley is experienced in group counseling, individual counseling, behavior intervention and caregiver support, specializing in the areas of eating disorders, substance abuse recovery and criminal domestic violence.

Ashley's professional interests include family systems, expressive therapy, animal assisted therapy and Yoga Therapy to treat eating disorders and trauma.

Ashley's is a Veteran of the US Armed Services, has worked as a College Instructor, a Research Analyst for local government, an Elections Director and Policy Analyst for a local University. Ashley's diverse background makes him uniquely qualified to counsel a broad range of clients.

Fees: It is customary to pay for professional services at the time they are rendered. Insurance is not accepted at present as Ashley is in the process of completing his licensure. The hourly fee for individual, couple, and family therapy is \$75 per hour. Group therapy, if offered, with Ashley W Harris, MS is \$40 per hour per person. Please write checks to Lynn Victory, RD, LD. Visa and MC are also accepted.

Confidentiality: The information you share in counseling is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your records can be subpoenaed in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. Ashley W. Harris is mandated by standards - through Duties to Warn - to breach confidentiality if he discovers:

- 1.) You are threatening self-harm or suicide
- 2.) You are threatening to harm another or homicide,
- 3.) A child has been or is being abused or neglected, and/or
- 4.) A vulnerable adult has been or is being abused or neglected.

Finally, if you wish your protected health information released to another party, you *must* sign a specific Release of Information.

Confidentiality for minors: In the case of a client under the age of 18, parents by law are allowed access to all information. It is preferable, however, to keep the content of sessions confidential in order to establish trust with the client. Only general information will be shared if desired by the parent. If the minor client divulges any information that reveals actual or intent to harm themselves or others, or is engaging in behaviors that pose a threat to themselves, then the parent(s) will be notified.

Ethics: Ashley W Harris, MS follows the Code of Ethics of the following organizations:

The South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists

Any type of sexual behavior between counselor and client is unethical. It is never appropriate and will not be condoned.

Informed Consent: You will be asked to sign the last page of this document. Your signature verifies you have been given this document and the HIPAA document that follows; that you have read and understand these documents, and that you consent to treatment. Further you need to be aware:

- o Treatment isn't always successful and may open unexpected emotionally sensitive areas.
- o Ashley W Harris, MS is not a physician and cannot prescribe medications.
- o Ashley W Harris, MS may need to consult with your physician, attorney, or other counselor.
- o Ashley W Harris, MS is not available 24 hours a day.
- o Appointments may be successfully canceled as late as 24 hours prior to the scheduled time. If this is not done, you *may* be charged \$25.00 for a missed appointment.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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 session and most information placed in your counseling 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 Professional Disclosure Statement and Consent for Treatment.

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

1. Uses and disclosures required by law - *like files court-ordered by a Judge*
2. Uses and disclosures about victims of abuse, neglect, or domestic violence - *like the Duties to Warn explained in your counselor's Disclosure Statement*
3. Uses and disclosures for health and oversight activities - *like correcting records or correcting records already disclosed*
4. Uses and disclosures for judicial and administrative proceedings - *like a case where you are claiming malpractice or breach of ethics*
5. Uses and disclosures for law enforcement purposes - *like if you intend to harm someone else (see Duties to Warn in your counselor's Disclosure Statement)*
- 7 Uses and disclosures for research purposes - *like using client information in research; always maintaining client confidentiality*
7. Uses and disclosures to avert a serious threat to health or safety - *like calling Probate Court for a commitment hearing*
8. Uses and disclosures for Workers' Compensation - *like the basic information obtained in counseling as a result of your Worker's Compensation claim*

Your Rights as a Counseling Client under HIPAA

⇒ As a client, you have the right to see your counseling file. **notes are afforded**

special privacy protection under the HIPAA regulations and are excluded from this right.

⇒ As a client, you have the right to receive a copy of your counseling file. This file copy

will consist of only documents generated by us. You will be charged copying fees @ \$.20/page. **notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.**

⇒ As a client, you have the right to request amendments to your counseling file.

⇒ As a client, you have the right to receive a history of all disclosures of protected

health information. You will be charged copying fees @ \$.20/page.

⇒ As a client, you have the right to restrict the use and disclosure of your protected

health information for the purposes 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. Prior to your counseling, you will receive:

- 1.) an exact duplicate of these two pages and
- 2.) your counselor's Professional Disclosure Statement and Consent for

Treatment - both for your personal records. It will be necessary for you to sign a certificate indicating that you have received, read, and understand both documents. This certificate will be placed in your counseling file. Please do not sign the certificate if you do not understand any part of the HIPAA Client's Rights or the Professional Disclosure Statement and Consent for Treatment. Your counselor will be happy to explain these documents further.
Thank you!

I acknowledge that I have received and read The Cottage's **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights**.

I further acknowledge that I seek and consent to treatment with Ashley W Harris, MS. My signature below confirms that I understand and accept all the information contained in The Cottage's **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights**.

Signature of Client

Date

If more than one individual (e.g., spouse or family member) is seeking counseling, please have each of the others sign below. Signatures below confirm that each understands and accepts all the information contained in The Cottage's **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights**, and that each seeks and consents to treatment. We will provide additional copies of The Cottage's **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights** upon request.

Signature of Client #2

Signature of Client #3

Signature of Client #4

Signature of Client #5