

Consent for Services
Parkway Counseling Ministry
Kathy Duncan, Ph.D.
Licensed Psychologist

Description of Services

The goal of this ministry is to provide services for persons with problems of a psychological nature effecting their behavioral, relational, or emotional well being and, therefore, spiritual growth and/or commitment. The counseling will be Christ-centered, utilizing Biblical principles in connection with psychological principles to promote healing.

Counseling is likely to involve discussing personal issues that at times may be distressing. However, overall this process is expected to lead to improvements. Therapy may be discontinued at any time you wish. Other professionals are available for alternative services and Dr. Duncan will gladly provide available referral information.

Because of the nature of this ministry Dr. Duncan is not equipped to adequately serve:

1. Persons requiring 24-hour crisis management
 2. Persons requiring imminent psychiatric hospitalization
 3. Persons who are not stabilized on recommended psychotropic medications
 4. Persons who require assessment to be used in court proceedings or other litigation
 5. Situations in which the counselor would need to be the primary coordinator for extensive interagency case management
 6. Persons desiring to become comfortable in what the Bible specifically refers to as sin
- Any of these situations will require referral to a more appropriate setting.

Scheduling and Emergency Procedures

Office hours are dependent on scheduled appointments. Please make every effort to keep appointments or cancel appointments ahead of time. To schedule or cancel an appointment, you may contact Dr. Duncan by phone or text at 979-229-3000. In the event of an emergency, please contact the appropriate authorities (i.e. 911, hospital, etc.)

The following are other service agencies that may be helpful in an urgent or critical situation:

Student Counseling Services	979-845-4427 (A&M Students)
MHMR of the Brazos Valley	979-361-9815
Phoebe's Home	979-775-2255
Child Protective Services	1-800-252-5400

Fees

Because counseling is offered as a ministry service there is no official "charge" for counseling. However, financial assistance is helpful in keeping this ministry available. A suggested donation for services is your regular copay or \$1 per \$1000 of annual income. For instance, if the income of your home is \$25,000, a donation of \$25 per session would be reasonable. However, any amount is helpful in offsetting the expenses of the ministry. Checks should be made payable to Kathy Duncan, Ph.D.

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. IT CONTAINS SUMMARY INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), A FEDERAL LAW THAT PROVIDES PRIVACY PROTECTIONS AND PATIENT RIGHTS WITH REGARD TO THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI) USED FOR THE PURPOSE OF TREATMENT. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Duncan may use or disclose your protected health information (PHI) for treatment purposes with your consent.

- “PHI” refers to information in your health record that could identify you.
- Treatment is when Dr. Duncan provides, coordinates or manages your health care or assessment and other related services. In addition to direct services, this might include such things as consultation with another health care provider, such as your family physician or another psychologist.

Informal consent (verbal) may be obtained in situations regarding the need to give information necessary to provide care in emergencies or transport items to clients (i.e. give permission for someone to pick up a book for you from Dr. Duncan).

If you choose to converse with Dr. Duncan over electronic transmission (i.e. email, text) be aware of the risks to privacy. Confidentiality cannot be guaranteed in electronic transmission.

II. Uses and Disclosures with Neither Consent nor Authorization

PHI may be disclosed without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If it is determined that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, relevant confidential mental health information may be released to medical or law enforcement personnel.
- **Child Abuse:** If there is cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Adult and Domestic Abuse:** If there is cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Texas Department of Protective and Regulatory Services
- **Health Oversight:** If a complaint is filed against Dr. Duncan with the State Board of Examiners of Psychologists, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- **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 (protected) under state law, and will not be released without written authorization from you or your personal or legally appointed representative, or a court order. The privilege (protection) 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.
- **Worker’s Compensation:** If you file a worker’s compensation claim, records relating to your diagnosis and treatment may be disclosed to your employer’s insurance carrier.

III. Patient’s Rights and Provider’s Duties

Patient’s Rights:

- **Right to Request Restrictions** on certain uses and disclosures of protected health information about you. However, Dr. Duncan is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** (For example, you may not want a family member to know that you are being seen by Dr. Duncan. Upon your request, any communications may be to another phone or address.)
- **Right to Inspect and Obtain a Copy of PHI** in your mental health records
- **Right to Request an Amendment** of your PHI
- **Right to an Accounting** of disclosures of PHI for which you have neither provided consent nor authorization.
- **Right to a Paper Copy** - You have the right to obtain a paper copy of this notice.

Provider’s Duties:

- Dr. Duncan is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.

- Dr. Duncan reserves the right to change the privacy policies and practices described in this notice. However, unless you are notified in writing of such changes, Dr. Duncan is required to abide by the terms currently in effect.
- If policies and procedures are revised, you will be provided a written notice either in person or by mail.

IV. Complaints

If you are concerned that Dr. Duncan has violated your privacy rights or any other rights/appropriate boundaries, or you disagree with a decision regarding access to your records, you may contact Dr. Duncan or the Texas State Board of Examiners of Psychologists (1-800-821-3205).

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person or agency listed above can provide you with the appropriate address upon request.

V. Effective Date, Restrictions and Changes to Privacy Policy

This current notice will go into effect April of 2017.

Dr. Duncan reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that are maintained. You will be provided with a revised notice in person or by mail prior to the revisions taking effect.

If you are concerned about some of your information, you have the right to ask that specific information not be shared for treatment, payment, or administrative purposes. In addition, if at some later time you wish to revoke this consent you may do so related to all future use of PHI. Please submit these requests in writing.

I have received a copy of the "Notice of Policies and Practices to Protect the Privacy of Your Health Information" and have been given the opportunity to ask questions. I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.

By signing this form I am agreeing that the Personal Health Information (PHI) collected during examination, testing, treatment, or referral may be used in ways listed in this notice.

Signature of client or personal representative

Date

Printed Name of client or personal representative

Relationship to client

I have discussed the issues above with the client and/or his personal representative. My observations of his or her behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Kathy Duncan, Ph.D.

Date

In coming to a Christian counselor I am aware that Dr. Duncan will be approaching treatment from a Christian perspective. I am comfortable with/open to the use of the following in counseling:
(initial all that apply)

prayer use of Christian resources addressing sin
 discussion of Scripture seeking the Holy Spirit's guidance other _____