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|  | Heal and Hope Counseling Services, LLCClient Manual, Revised June 26, 2019 🞂   |

**Section 1: General Client Information**

**Mission**: HHCS has a motto: We provide hope during your healing! It is our goal to provide quality services to each and every client, as we teach tools and aid our clients towards needed changes of dysfunctional life styles, thoughts and actions, and/or emotional pain towards a healthy, flexible, and secure sense of self with the mindfulness of the boundaries that protect self and others; in order to grow individually and relationally; within a safe and positive environment.

**Values**: Our decisions are based upon our competency and the information retrieved within the assessment which targets the problems and provides us key elements that are to be addressed with empirically tested therapeutic tools. Our focus is individually based towards the well being and autonomy of each client. We will guard against harm since the client’s wellbeing is our primary focus. We are Christian based: However, will not pressure our clients towards spirituality or religion should the client state that they would prefer not to include this aspect of therapy although empirically tested research has concluded that the inclusion is effective.

We will strive to honor the dignity and personal values held by our clients, their families, and our staff members. All who are involved in services will perform their duties with respect regardless of race, ethnic group, gender, creed, sexual orientation, nationality, or financial status. We believe there is only one race and this is the human race.

The community and clients who we serve deserve the best care that we can provide based upon best practice guidelines and clinically tested, reliable, and approved strategies that we use in our treatment modalities. We are open to alternative and holistic approaches as we strive to help each client and their families; and we will consult with other professionals that are connected with the clients (physicians, attorneys, DCS, family members) as needed with a release of information that is provided by our clients; and in accordance with the Tennessee jurisdiction and statutes that govern our counselors and office.

**TREATMENT AND SERVICE EXPECTATIONS:**

HHCS provides a varied and blended holistic approach to our therapy. We have a multiple array of assessment tools to measure anger, anxiety, depression, and other issues that arise in our forum of expertise. We are versed with multiple modalities such as: Cognitive Behavioral Therapy, Solution Focused Therapy, Future Pull, EFT, Play Therapy, Trauma-Focused CBT; the Matrix, and many others. We often blend several in order to meet the complex needs of our clients. Our goal is to help you change a cycle of dysfunctional thoughts, choices, and actions in order to help you to rewrite your stories and future. We re-evaluate monthly as to our client’s progress and will adjust treatment as needed. We understand and respect the uniqueness of each client and their history; their diversity, their strengths and weakness; and strive to help them within their own set of core beliefs and culture to address the issues that they confront. We provide coping tools that increase social and communication skills, assertiveness, and aid each client to grow. We will educate ourselves in regards to cultures that differ from our own and locate resources for our clients within their cultural or tribal needs; collaborating with their council, collaterals, and like.

All treatment and services are provided to our clients in a culturally responsive manner to identify resources that can increase service participation and support achievement of agreed upon goals. When necessary and applicable we will seek to ensure compliance with the Indian Child Welfare Act; the jurisdiction of; and determine how best to aid the family or tribe as we assist the client.

HHCS provides case management, psychotherapy, group therapy, couple therapy, and we educate and provide classes that earn a certificate for parenting and alcohol and drug prevention, as well as, domestic violence prevention/Anger Management. We will soon be able to offer IOP (if not already) for our clients since we understand the grave need for intensive outpatient therapy. We also are connected with Tennova who we work closely with as the medicine management needs for some of our clients. In addition, Glyndora taught nutrition and exercise for 17 years and was a C.N.A. for 14 years which aids her to provide help in regards to healthy living practices that will help maximize the brain and body health; and therefore, aid our clients to better able to concentrate, focus, sleep, and increase efficacy of their treatment.

According to ACA, clients become clients from the moment they make an appointment with this agency. The direct care of each client will be explained in further detail by your clinician and if there are certain limitations that the client or counselor has then this is to be revealed within a reasonable time so that both can address this. We encourage both the client and their family to be involved in the treatment process to enhance efficacy of the treatment and aid the client and family to a more quick and long-lasting change. We will work diligently with each client to help them reach their chosen goals and expectations from treatment.

We do ask that each client provide us a review so that we can address any issues that you had promptly and/or make any changes that may be necessary. We also are able to access whether or not we are doing our job to the standard that we hold ourselves to, and know if our client is satisfied with our services.

The duration of your therapy will be explained by your counselor. The billing questions are to be forwarded to Office Manager, Steve 423-790-4906 who will consult with our billing agency (a third party entity) in order to help clarify or answer any questions.

MARRIAGE THERAPY and Confidentiality and concerns within this forum. (Please see a separate form that is to be given for those coming for marriage therapy).

HHCS is a Christian based clinic and we take the most important institution provided by God, seriously. In addition, we are NOT to cause harm to our clients in according to our ethical codes.

**Payment Options:**

We take a variety of insurances. Please check with our office manager, Steve 423-790-4906 to see if we are in network with your insurance carrier. Note: Medicaid has many carriers. We are in network with Tennessee Medicaid but this does not automatically mean that we are in network with your specific carrier. Please therefore consult with Steve to see if we are in network with your specific carrier. We are seeking to be in network with all carriers and are working towards that goal; however, we ask you to ask Steve in order to be sure that yours is in our present networks. We take private and commercial insurance carriers of insurance: Cigna, Humana, UHC, OPTUM, Behavioral health, BCBS, Aetna, Multiplan, Medicare, and we do take EAP (employee assisted policy); as well as; are continuing enrolling into other major networks.

Should you be un-insured then please see our sliding scale chart on our website: [www.healhopecounseling.com](http://www.healhopecounseling.com); and click onto the fees and services page to see where your income falls into our brackets of rates. Those rates provide greatly discounted amounts for services.

We do take credit and debit cards and cash for the payments of deductibles and copays.

**CONFIDENTIALITY STATEMENT**:

Federal rules prohibit us from making any disclosures of information about you or your case, unless said disclosure is permitted by a written consent to release the information by the person of whom it pertains (or their parent or guardian-if the client is a minor or is not mentally able to make an informed and understood decision). A general medical release of information will need to be signed by the client or parent or guardian (depending upon which is applicable) for the release of their demographics, treatment, and like to another entity which we will therefore honor. The client or applicable status of the legal and liable person who is acting on behalf of the client; can at any time can revoke the release. The release can be for ongoing disclosures or specifically designate a one time disclosure. No information will be shared without your consent unless:

* Any suspected child, elder, or vulnerable adult r child abuse or domestic violence is occurring or suspected: This warrants a report to be filed to the appropriate governmental authorities.
* If there is reason to believe that the client is in imminent danger to his or herself or to any other individuals then we are required by law to report this to the appropriate authorities as well as to warn any individuals who may be threatened.
* When a client is involved in legal proceedings then their files may be subpoenaed or court ordered.
* Please be aware that emails and texts are not protected due to being not secure as forms of communication and therefore should not be used to communicate personal information about yourself with staff. If you should choose to use such unsecure forms to communicate then please use you first name and last initial to allow staff to know who you are by a common and collected contact number. If urgent or in a crisis or if your life is at risk, a death or emergency is occurring then call 911 and us: Then report to the nearest hospital for assessment.
* Do not use social media forums to disclose personal information or speak to staff regarding any counseling issue. It is likely that HHCS will not befriend you for the sake of confidentiality to protect your relationship with us.
* In rural areas, we may come in contact with you in the community and will not make first contact with you to protect your confidentiality but will respond if you choose to make first contact without revealing why we know you.

**ABUSE AND NEGLECT REPORTING:** All persons including doctors mental health professionals child care providers, dentists, family members and friends must report abuse or suspected cases of abuse of children.

**HIPAA Notice of Privacy Practice:**

**Please review carefully.**

We reserve the right to change our privacy practices and the terms or policy that is not dictated by law. Changes will be posted on our website and on the bulletin boards. We may need to use your information for payment, for treatment, for health care operations (staff meetings for consultations, to send you reminders of appointments, as required by law, to persons involved in your care (limited information), for public health activities (such as preventing disease outbreaks) to report perpetrators or victims of abuse, for health oversight activities (government audits, investigations, licensure of agency), for Judicial Administrative Proceedings or law enforcement purposes (response to warrant, court order, valid subpoena, discovery requests, other lawful process that complies with state law and our policy procedures (a 30 day notice must be given for these actions), to avoid serious threat to health or safety, for the human rights committee to comply with the regulations, specialized government functions such as military or veteran activities, intelligence activities and the protective services for the President or USA; for worker’s compensation, for research purposes related to the evaluation of treatment that meets the requirements of the privacy laws. (We do not currently participate in any research projects), to provide information to identify and deceased person, determine the cause of death authorized by law, or may also disclose to a funeral home director to carry out their duties; for organ procurement purposes, to correctional institution or law enforcement officials should you be an inmate to ensure you receive your mental and medical health needs; to business associates to aid business filings and billing efforts, for data breach notification purposes since this would require legally if an illegal unauthorized acquisition of records were accessed, and any other permitted disclosures of protected information as is necessary; within the law.

**Substance Abuse Health Information:** Is kept strictly confidential and release only in conformance with requirements of federal law (42 USC 29odd-3, 42 USC 29ee, and 42 CFR part 2) Any reference of any medical information that included A&D must have a written consent by the client, and a general release other than the medical release is not sufficient for this.

**HIV Information:** All medical information regarding HIV is kept strictly confidential and released only in conformance to requirements of state law. Release of medical information does require your written consent and a general release is not sufficient.

**Written Authorization and Revocation of authorization**: Except of the uses and disclosures described and the limited disclosures that they require then we use written medical consent releases that you authorize for us to disclose. Once given and we do forward that information to those parties; we cannot guarantee that those parties are handling your protected information in accordance with HIPAA. You may request a Medical Release by contacting Steve: 423-790-4906 and will need to personally sign the completed form. We can fax that to whom you wish us to fax it to or give this to you. You may revoke authorization at any time to any entity other than those that we are subject to in accordance to Federal and State Law.

**YOUR RIGHTS:**

* You have the right to ask for restrictions of uses or disclosures of your information for treatment, payment, health care operations, family, others involved in your health care or for payment for your health care. Although you have the right, should that right be against our policy and restricts our ability to collect payment or to better help you; then we may not agree with the restriction and could deny the restriction. Any request would need to be specified and in agreement with federal, state, our ethical codes, and business practice policies.
* You have the right to ask to receive confidential communications of information at a different location or phone. We will accommodate reasonable requests where disclosures of all or part of your information, with a written authorization; otherwise could endanger and therefore holds HHCA harmless with that request. To modify or revoke authorizations must be hand written.
* You have the right to see or to obtain a copy of your health information that may be used to make decision about your care. You could receive a summary of your case. There may be a circumstance where we may need to deny the release of the complete copies of your request if we deem that the enclosed information may cause harm for you to read the records. You have the right to have our denial reviewed by our counselor to determine if the documents will be released. Should you request a copy of the documents, there may be a fee applied for the costs of copying, mailing, or other supplies that it takes to provide your request. In addition, please allow 5-7 days for the requests of copies to be rendered. If an emergency-we need no less than 48 hours.
* If you believe that your health information, demographics and like is incorrect then please update your records and add a statement to our health information from yourself to dispute what you believe is incorrect which will be kept in your file.
* You have the right to receive an accounting of od disclosures for treatments, payment, health operations purposes, with written authorization.
* You have the right to ask for a copy of this notice, your treatment plan, your suicidal prevention plan.

Please contact Steve: Office Manager: 423-790-4906, mail to: 1225 Wildwood Ave SE, Cleveland TN 37311, or email to: Glyndora@healhopecounseling.com (or your counselor’s first name at healhopecounseling.com) to request you rights. You may also fax to: 423-790-7074.

**Complete list of Rights and Responsibilities for Clients**

* Clients and staff are to be treated with RESPECT, DIGNITY, and provided Privacy
* Have all protected information kept private except for legal and ethical exceptions
* Have care provided as needed, easily
* Have input within the treatment plan, collaborating with their counselor which fits within the culture and needs to the client
* Be assisted and treated in a language that is understood, including translation services should this be available; or assisted with a referral to a counselor who does speak the language
* Receive information of the clinical rules and all rules that pertain to treatment
* Be informed as to your counselor’s credentials and experience
* Not be kept alone or forced to do anything against the client’s will, culture, or conscience
* Be able to speak one’s thoughts and needs without reprisal
* Can request a specific provider or opt to be seen by another, open-door counselor available to cut waiting time
* Have a competent counselor able to make decisions about the client’s health care and the right to get a second opinion
* The right to refuse treatment (age 16 and older if mentally stable)
* The ability to request to file a complaint or grievance of a provider or the care received
* File an appeal
* Get a copy of the medical records
* To change and update in order to correct any faulty demographic information
* To request a court letter, affidavit, or court appearance with the understanding of the fees for the counselor’s time and travel; and the willingness to provide a 30 day notice for this service to ensure that no other client will miss their session, and that the counselor will be prepared for the service requested.
* Get advance directives and written aid to enhance one’s care efficacy
* Receive options of treatment from one’s provider

**RESPONSIBILITIES of the CLIENT**

* Treat those who provide care and any staff with respect and respect within and outside the agency forum
* Give and keep updated any information needed for claims and care
* Ask questions regarding your care and aid in clarification as to your goal
* Follow the treatment plan, complete the assignments, come to the appointments, give a 24 hour notice should the client need to cancel
* Use Doxy.me in case of sickness or when out of town to receive the appointed session in order to not have a lapse that could result in a regression of healing
* Advise as to any medication and any changes; side effects, and the primary care contact information
* Follow the advised medical plan
* Keep the appointments or understand the responsibility of paying a fine
* Reschedule as recommended
* Advise after 30 days of implementing the treatment plan should the client not believe that the plan is helpful so that the client can be re-evaluated and so that the plan can be changed
* Let the counselor and/or office manager know when there are financial burdens or problems with payment. It is likely that a payment plan can be offered to aid the client to make smaller increment of payments toward their balance
* Report abuse or fraud
* Report concerns of quality of care to a counselor of office manager who will take this to the supervisor
* Let the counselor or office manager know if the client chooses to withdraw from the services instead of simply not showing.
* Complete a satisfaction survey to aid us to provide you the best services and correct issues in our control that can make our services better.

**To report Fraud, Waste, Abuse:**

State Controller’s Hotline: 1-800-232-5454

American Counselor Association (Counselor concerns)

Tennessee Medicaid: 1-800-433-3982

**POLICY**: Filing a complaint, grievance, or an appeal will not result in retaliation or barriers to services. The client is entitled to participate in the activities of treatment without undue stress or conflict and therefore should any contractor, staff, volunteer, student, or intern choose to confront the client then clients are encouraged to take the following steps:

* Report the complaint to the counselor or other staff person who shall be responsible for initiating the appropriate action.
* Complete the grievance form within a 24 hour window of the incident and verbally contact the clinical staff’s supervisor and outline the grievance.
* The supervisor will complete an investigation and attempt to resolve the issues with the person who filed the complaint. If appropriate the supervisor will develop the corrective action plan to address the issue and avoid reoccurrence.
* Upon request a staff member advocate may be appointed to assist the client in filing the grievance form and proceed with the process if a suitable plan of action is not accepted by the client.
* The supervisor will contact the client by phone within the next business day to initiate the investigation and document all contacts and keep notes of all interviews.

The client, employee/and or other representing HHCS will be notified in writing as to the final decision, the form will be logged and filed in the client chart. In Tennessee the Supervisor will notify TN DCS or TN APS as appropriate to notify them regarding the grievance and outcome taken to correct the issue with the client.

If at any time the Supervisor has a reason to suspect that abusive, neglectful, or exploitative behaviors occurred then she will notify the law enforcement and cooperate fully with that investigation.

Any complaints of the client received on our client satisfaction survey will be reviewed and determine how better to improve performance.

**Counselor’s Discipline POLICY: The following are prohibited.**

* To specifically prohibit use of any physically punitive ore restrictive behavior management. We cannot use any restrictive devices in our course of treatment.
* Prohibit any language that is harsh degrading demeaning shaming humiliating abusive, vulgar, offensive, or punitive in or at the agency in front of or at the client.
* Denying contact with referring agency, staff of HHCS, or family members.
* Restrictions of sessions intended to be punitive for disciplinary action.
* Corporal punishment
* The use of aversive stimuli
* Interventions that involve withholding nutrition, hydration, or that inflicts physical or emotional pain
* Forced exercise to eliminate negative behaviors
* Punitive work assignments
* Punishment by peers
* Group punishment or discipline for individual behaviors

**PAYMENT:**

HHCS does seek payment from third party payors and should the third-party payment not be authorized or fail to pay HHCS, then the client agrees to pay HHCS for all changes arising out of these services provided by HHCS, and money owed.

HHCS requires payment at the time of services for any payments not covered by Third Party payers. Payments received by assignment of benefits from the insurance will be credited against the client’s obligation, but not release the client from any unpaid part of the obligation. The client will be notified of the exact costs of any services prior to the first session if the client has rendered the office manager a copy of front and back of their card so that the manager can learn what the insurance is going to pay, and if the insurance has rendered their report to the manager timely.

**Recovery of Payment**: Client assigned rights to payment from a third-party or self to Heal and Hope Counseling Services and consent for services, which agrees to do everything necessary to protect those rights for us and to help us enforce them, even if this means signing additional documentation should payment be slow. These rights given us is to aid us to collect the money owed us by filing claims, requesting payment, and billing an invoice for payment from the third-party and if this does not render payment, then from the client who is primarily liable to pay HHCS.

**Indemnification:** Clients therefore hold Heal and Hope Counseling Services, LLC harmless against any liability asserted against it or incurred by it, including legal costs, attorney fees or other costs as a result of: Any act of the client, whether deliberate, negligent, or otherwise, or any act or omission to act of HHCS resulting in injury to the client’s person or property, other than intentionally wrongful or grossly or willfully negligent acts, but only to the extent that such liability is not covered by insurance.

**Cancellation of services:** Will occur if the client’s portion of payment at time of service is not rendered at time of service. If client has exceeded 60 days without rescheduling further services (resulting in their premature stoppage of treatment which could result in relapse or harm to the client by their own will or choice, and which is ill advised) after HHCS’s attempt to call and to reschedule or messages to reschedule is not responded to with a reason for the absence or intent to return; in order for the staff to make the appropriate notations to the file and close the file until the client returns for future services. Staff members are obligated to continue to outreach to the client and work with the wrap around services until said client has completed their treatment goals and discharged; however if the client is not vested in their own treatment plan or goal then the staff will need to write a termination notice due to client’s choice to not receive treatment in order to be released from all other aspects contained in a therapeutic relationship and duty to the client. Clients can return and begin a new therapy goal treatment when they need to.

**Authorization:** As part of the admission procedure the client has received and had the opportunity to discuss and does sign that they understood the following information:

* The credentials and expertise of their counselor
* The scope of competence of their counselor
* Their treatment and after care plan
* Alternatives of treatment
* Benefits and risks of treatment vs no treatment
* Any limitations placed on the duration of services
* Client and family rights and responsibilities during treatment
* The right to initiate a complaint or grievance to a staff member who would follow up and consult the authorities in charge and keep the client advised
* The description of services and policies governing treatment and HIPAA privacy notice
* Payment options
* How to contact HHCS in case of crisis or other need
* How to retrieve documentation and the costs

**Smoking policy:**

Smoking is only permitted by a legal aged client 50 feet from the entrance of our clinic to protect nonsmoking clients and minors.

Staff and like: Must not use any substance in sight or smell of any children, youth, minor upon the grounds of the clinic or while transporting the client.

**Infection Control Guidelines:**

Heal and Hope Counseling Services is committed to reduce the risk of endemic and epidemic infections to both clients or other staff/Contractor/or like. We require all who work or do services for HHCS to receive training on infection prevention and universal precautions each year while actively working with HHCS. It is highly recommended that all are to be current with vaccinations. If exposed or if the staff/other tests positive for TB then they are to report and to receive medical tests and treatment and be cleared to work safely with the population prior to returning to work. Each must carry with then a First Aid Kit, an infection control pack, a mouth guard, eye goggles, antiseptic hand gel, scissors/tweezers, water, alcohol pads, a triable bandage, and disposable gloves. Staff/other are to wash their hands prior to using the restroom and after and use a sanitizer. Should a mucous infection or irritation occur, then they are to wear a facial mask to protect the clients and other staff from their infection. Should they have a stomach virus then they will need to disinfect the toilet, handles, door knobs, and any other item touched while keeping their hands washed in order to not spread the virus to other staff or clients. Each staff/other is to regularly check the bathrooms that they frequent in order to be sure that the room is clean, disinfected, and supplied with toilet paper and paper towels, and that the garbage is emptied the days that they work; taking special care to keep handles, knobs, and toilet seats and sinks disinfected. (Cleaners are in the bathroom off the group area and kitchen; but some may also be in each restroom).

Clients who are ill and who come into the office should be encouraged to wear a mask and to use hand sanitizer as they are in the facility. When they vacate the office then each room and furniture piece is to be sprayed with Lysol to aid in the containment of their germs to aid our staff and to protect other clients from being exposed to those germs. When sick-they can utilize the doxy.me forum on our website and remain home as an option.

**Transportation Safety**

Client therefore is signing that they did have access to the client manual and this information and understand that they can receive a paper copy of these documents should they request this, acknowledging that the program information has been explained to the client and that he, she or they understand and are willingly giving consent to be assessed and to receive treatment. Client also understands that client can withdraw from treatment and their consent at any time. If age 16 or older, client has the right to refuse treatment if client is of a mental age able to discern the advantages and disadvantages of their decisions for their health, behavior, and relationships.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY EVACUATION PLAN:**

Heal and Hope Counseling Services, LLC has two working exits. One is the entrance to the facility in which clients enter; passing by the registration at the office manager’s desk where clients must sign in to show their intent for services; and the other is at the other end of the agency through the hallway, going through the two doorways then left, inside the group area will be a glass door. Both are marked and both have been kept free of furniture in order for the client to vacate; however, the back-glass door exit is locked and kept lock and therefore will need to be unlocked prior to exit. There are fire extinguishers in the Office manager’s office, and throughout the facility in counselor offices; with another one posted by the back-exterior glass door for easy access. In the event that client and family members are separated during an emergency then please list a person’s name and phone of that contact person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed consent forms** are given within the assessment package of forms upon the initial check in process for the psychological intake process. Each time the client returns then upon signing in the log in sheet, then they re-attest their consent for treatment.

**The goal and main purpose of services** is to help identify and cope more effectively with problems in daily living and to deal with internal conflicts in order to achieve more satisfying personal and interpersonal relationships with the increased ability to possess a personal awareness of challenges and strengths; identify specific and individualized goals, learn how to take personal responsibility to make the changes necessary to attain the client’s goals, while utilizing the community, medical, alternatives, and self-help strategies and resources.

The relationship between the Direct Care Professional and Individual is the dynamic through which trust and change can occur. It is therefore common for a close emotional bond to develop and therefore requires a need for professional boundaries to be implemented and maintained. Heal and Hope Counseling Services, LLC is committed in providing a safe environment for our clients.

**Appointment:** Are scheduled to maximize the available time slots and counseling sessions between the counselor and the client. These times are selected to provide our clients a specific time for their session in order to attempt to limit waiting for their session to a minimum of 5-30 minutes at most, and often are called back within only a couple of minutes of their appointment. This is a convenience for our clients who have appointments. If however the client fails to show then that hour is unable to be filled 98% of the time resulting in a loss to the agency but more importantly; a loss of therapy for our client. We understand that emergencies occur and do allow up to 3 missed appointments (or late cancelled appointments) but thereafter; since it appears that the client has great difficulty in keeping their appointments, we will then place those clients on a walk in status and welcome them to come at their convenience whenever they prioritize their emotional and relational health. Walk in clients have the option to wait for their chosen counselor or to select to see any open-door counselor who may be available at the time of the walk in’s arrival. This is an effort to help our walk-in clients to also have a convenience of not waiting long waiting times for services. All counselors are in agreement for our clients to opt to see another counselor should we have a client upon their arrival. The open-door counselor does not replace the assigned counselor but can aid the assigned counselor’s client*. Should a client fail to provide a 24-hour notice of cancellation then that client will pay a 75.00 penalty prior to being seen for the following scheduled counseling services or walk in services to discourage further late or no-show situations.*

**PARKING:** With multiple counselors and their autos, then parking is limited and therefore it is prudent for the counselor to be as timely as possible so that clients can arrive and park easily. Should an issue of parking result then we ask that the overflow please park on the gravel area on the opposite side of the Mexican Store then walk around with our apologies. Further, counselors have designated parking areas. These are in an otherwise no parking area immediately by the front wall of the left side of our offices. These are marked as “counselor” for three of our autos. All clients can park behind our counselor autos since the counselors are not leaving while their clients are present. There are other spaces across the front, and the gravel area in case of overflow.