



Kristyn Hamblin MS, EMDR, NCC, QSUDP, LPC

Florence Oregon, 97439

Phone (541) 305-55887

Consent to Treatment

I consent to take part in treatment at Lakeview Counseling, LLC.

I have received and read the Client Services Agreement and Privacy Practices and Kristyn Hamblin’s Lakeview Counseling, LLC Professional Disclosure Statement. The Notice of Privacy Practices are required by the Health Insurance Portability Accountability Act (HIPPA) of 1996. I have asked any questions that I have now and if I have future questions regarding Client Services Agreement and Privacy Practices, I will ask Kristyn.

I understand that I am responsible for my bill. While Kristyn and Lakeview Counseling, LLC may assist me with pursuing insurance reimbursement, I understand that unpaid bills are my responsibility. A bill of greater than \$300 must be reduced before resuming counseling.

I authorize release of necessary information to my insurance company through invoice receipts. The receipts will contain service dates and diagnosis codes as required by the insurance provider. In select cases, an insurance provider may need additional information.

Patient/Client Date Signature of

Parent, Guardian or Personal Representative Date Signature of
(if client is under 14 years old)

*(if you are acting as a personal representative of the client, Please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Patient/ Client refuses to acknowledge receipt:

Signature of Therapist

Date



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Client Contact Information

First Name _____ MI _____ Last Name _____ Pronouns _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Ok to leave message Y/N

Mobile Phone _____ Ok to leave message Y/N

Business Phone _____ Ok to leave message Y/N

Other Phone _____ Ok to leave message Y/N

Birth Date _____ Age _____ Name _____

Birth Date _____ Age _____ Name _____

Email Address _____

Email Address _____

Marital Status _____ Years Married _____

Children and ages _____

Referral Source _____

PCP _____ Address _____ phone _____

Medications _____

Primary Concern bringing you into counseling _____



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Client Services Agreement and Privacy Practices

Welcome to Lakeview Counseling, LLC

The Counseling Process

Counseling is one way to identify and resolve personal, emotional or relational issues. A client can usually expect relief of symptoms through the counseling process. Studies and experience have shown that the therapy process often works to bring resolution and relief in a wide variety of situations. Other advantages of counseling may include increased self-esteem/respect, an increase in coping, relational and parenting skills, and greater resilience for dealing with issues in the future.

However, improvement does not always occur and even for people whose situations and symptoms do improve over time, there may be periods of increased difficulty as personal history, relational patterns, or habits of thought and behavior are explored and addressed.

Occasionally, the help of other supportive professionals may be needed. At that time, we will provide appropriate referrals.

Confidentiality

Counseling, including all communications between therapist and client, is considered a confidential (sometimes privileged) service protected by law. In most situations your therapist can only release information about your treatment to others whom you specify with a signed written authorization that may also be revoked in writing. However, in certain situations no authorization is required.

First, your therapist may find it useful to consult with other clinical professionals about your treatment- the goal of these interactions is to get better help for your situation. In these instances, every effort is made to avoid revealing your protected healthcare information. Other professionals are also legally bound to maintain the confidentiality of the information. Unless you object, your counselor will not tell you about these consultations as they are a normal part of delivery of services.

Second, in some situations, counselors are legally obligated to take action that will likely reveal information about your sessions to an outside party, possibly without your consent. These situations are rare and limited to circumstances where harm might come to you or another person, such as”

- Child abuse
- Elder abuse

- Belief that you present a clear, imminent risk of serious physical harm to yourself or to another, or where you have made a specific threat of violence against another.

In such situations, your therapist will make every effort to discuss the situation with you before taking any required action or releasing your protected health care information. Disclosure of information in such cases will be limited to what is necessary.

Scheduling and Fees

I need your help with scheduling. If you must cancel with less than 24 hours notice, except in family and illness emergency situations, I will need to charge the full session fee. Between sessions, I utilize a 5-minute contact consideration- if the issue takes greater than 5 minutes to complete at my discretion, I will charge for services or will delay reading/ responding until our scheduled session time. Please text when scheduling or cancelling appointments. Also, the more notice That I have of a cancellation the more help I can give.

Payment is expected at the time of your appointment.

Insurance

I will help you with billing and insurance questions as I am able. However, responsibility for insurance questions always relies on the agreement between you and your insurer. Please contact your insurance provider to clarify coverage and consult your plan benefits to determine how to best utilize mental/behavioral health coverage.

Lake view Counseling, LLC will provide receipts for the client's service. The receipts will contain service dates and diagnosis codes as required by the insurance provider. In select cases, an insurance provider may need additional information.

An outstanding bill of greater than \$300 must be addressed before continuing counseling sessions.

Privacy Practices

According to The Health Insurance Portability and Accountability Act (HIPAA). Washington DC US Department of Labor, Employee and Benefits Security Administration, 2004. This notice describes how medical information about you may be used and disclosed.

- Your Protected Health Information (PHI) may be used in the following ways:
 - For treatment
 - For Payment, (for example, insurance providers require dates of service, diagnoses codes and length of service.
 - For Health Care Operations
 - As required by law. (see confidentiality above)
- Your rights regarding your Protected Health Information (PHI)
 - Right to inspect and copy
 - Right to Amend.
 - Right to an Accounting of Disclosures.
 - Right to request restrictions
 - Right to request Confidential Communications
 - Right to Obtain a paper copy of this notice
 - Right to file a complaint.

If you have further questions, please ask me. I'm here to help.

