

**Burke Counseling & Consulting, Inc.**

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***Statement of Office Policies***

If we are billing your insurance for your visits, co-payments and/or co-insurance payments are due at the time of your visit.

If we are not billing your insurance, then payment is due in full at the time of your appointment.

Payment arrangements are made with your therapist.

There will be a \$50 charge for missed appointments or appointments cancelled less than 24 hours in advance. Your insurance company will not pay for a missed appointment.

There is a \$75 fee for completion of paperwork associated with your care, i.e. FMLA paperwork, disability, letters to employers, etc.

***I have read and agree to comply with the above listed conditions.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Treatment**

I hereby voluntarily authorize services which may include assessment and referral recommendations deemed necessary and advisable in the judgment of the providers of Burke Counseling & Consulting, Inc. If the client is a minor or otherwise incapable of providing authorization, I hereby authorize and consent to the same services for him/her.

I understand that the information provided to Burke Counseling & Consulting, Inc. will be kept confidential and will only be released when required or permitted by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**BURKE COUNSELING & CONSULTING, INC**

**NOTICE OF PRIVACY PRACTICES**

**PLEASE REVIEW IT CAREFULLY**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice became effective April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time, for more information about our privacy practices, or for additional copies of this Notice, please contact us, using the information at the end of this Notice.

**Uses and Disclosures of Health Information**

**Treatment.** We may use or disclose your health information to a physician for other healthcare provider providing treatment to you.

**Payment.** We may use and disclose your health information to obtain payment for services we provided to you.

**Healthcare.** We may use and disclose your healthcare information in connection with our healthcare operations. These operations include communications and electronic links for our business associates.

**Business Associates.** There are some services provided in our organization through contacts with business Associates. We may disclose your health information to our Business Associates if needed to provide treatment for you. Examples Include: medical labs, your health plan, medical transcription, etc. To protect your health information, we require the Business Associates to appropriately safeguard your health information.

**Your Authorization.** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us a written authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends.** We must disclose your health Information to you, as described in the Patient Rights Section of this Notice. We may disclose your health Information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best Interest in allowing a person to pick up prescriptions, samples, and health Information forms.

**Third Party Involvement,** in the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional Judgment disclosing only health information that is directly relevant to the person's Involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, samples, and health information forms.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse of Neglect.** We may disclose your health Information to appropriate authorities If we reasonably believe that you are a possible victim of abuse,

neglect or domestic violence or the possible victim of crimes. As required by law We may disclose your health information to the extent necessary to avert a serious threat to your health or safety of the health or safety of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voice mail messages at home, work, or letters,

## PATIENT RIGHTS

Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. If you request your health information to be copied, we may charge you a reasonable cost based fee

Disclosure Accounting. YOU have the right to request an accounting of disclosures made to your protected health information by this office.

Restriction. You have the right to request that we place additional restrictions on our use of, or disclosure your health information. We are not required to agree to these additional restrictions, but If we do, we will abide by our agreement (except in an emergency).

Alternative Communications. You have the right to request In writing that we communicate with you about your health information, treatment, or payment by alternative means or locations, and provide a satisfactory explanation about how payments will be handled.

Amendment. You have the right to request an amendment to your health information. Your request must be in writing and It must explain why the information should be amended.

This Notice of Privacy Practices does not apply to patients under the protection of Title 42, Part 2 confidentiality of Alcohol and Drug Abuse patient records. Other uses and disclosure of your protected health information not covered by this notice or applicable laws and regulations, will be made only with your written authorization.

I have read and understand this Notice of Privacy Practices.

Patient Signature \_\_\_\_\_  
(Guardian If patient Is a minor)

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

All requests should be mailed to Burke Counseling & Consulting, ATTN: Privacy Officer, 1010 Carondelet Dr, Suite 412, Kansas City, MO 64114

**This document outlines the Social Media/Electronic communication policy of Burke Counseling & Consulting, Inc.**

**Facebook & Twitter**

Burke Counseling & Consulting, Inc. maintains a professional Facebook page. It is used as a way to share changes in our practice and to provide links to what we hope will be useful information about mental health to the people that use our services. There is no expectation that anyone who comes to our offices for professional services will view or follow our Facebook page. Communication through Facebook is discouraged, and messages sent via Facebook will not be responded to or passed on to providers.

Burke Counseling & Consulting, Inc. maintains a Twitter stream as well, just like with the Facebook page it is meant to raise our internet presence and to disseminate information. Communication through Twitter will not receive a response from our office. There is no expectation that anyone receiving services from our practice should follow Burke Counseling & Consulting, Inc. on Twitter.

We have concerns and believe that those seeking our services should as well; about maintaining their privacy. To this end we will not accept friend requests from current or former clients. If you follow on Twitter we will not follow you in return, We follow other organizations or mental health or other professional service providers. PLEASE DO NOT USE TWITTER OR

FACEBOOK AS A WAY TO COMMUNICATE WITH PROVIDERS OF BURKE COUNSELING & CONSULTING, Inc.

**LinkedIn**

You may also find one or more of our providers on LinkedIn. None of our providers will connect with a current or former client of Burke Counseling & Consulting, Inc. on LinkedIn. Please do not attempt to communicate with a provider through LinkedIn as the provider may not see the communication and will not respond, if it is seen.

**Business Review Sites**

You may find our practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing or other places which list businesses. Some of these sites include forums in which users rate their provider and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as a client.

You have a right to express yourself on any site you see fit, but due to confidentiality we cannot respond to any review on any of these sites whether it is positive or negative. You should be aware that if you are using these sites to communicate indirectly with us about your feelings concerning the services you receive at Burke Counseling & Consulting, Inc., there is a very good chance that none of our providers will see it. We hope that you will bring your feelings and reactions to therapy directly to your therapist.

If you do choose to write something on a business review site, we hope that you will take care to protect your privacy.

If you believe that one of our providers has done something harmful or unethical and you do not feel comfortable discussing it in session with your provider or, one of our other providers, you can contact the Missouri Regulatory Board to file a complaint:

Central Investigation Unit

3605 Missouri Blvd.

PO Box 1335

Jefferson City, MO 65102-1335

(573) 526-0162

[www.pr.mo.gov](http://www.pr.mo.gov)

Location-Based Services

Burke Counseling & Consulting, Inc. is not a check-in location for on sites such as Foursquare, Gowalla etc. Please be aware that if you are "checking in", from our

office or if you have a passive LBS app enabled on your phone, others may be able to surmise that you are checking in from our office.

#### Email

You can use email to contact us about changing or making appointments. Please do not share session related material through email at this time, as our email system is not completely secure. We are working to have a service that is encrypted adequately. All emails, received and sent, are retained and placed in the clinical record.

#### Search Engines

It is not a part of our regular practice to search for clients on Google, Facebook, or other search engines.

#### Texting

Texting can be a very useful way of communicating briefly with your provider. Please remember that text messaging is not a secure form of communication. Information about appointment changes, running late or brief questions would be most appropriate, Text messaging is not for lengthy interactions related to information related to private sessions with your therapist. It is not appropriate to reach out to your therapist through text messaging concerning a crisis. PLEASE CALL if there is a crisis. Text messages will become a part of the clinical record.

I have reviewed and will abide by the social media policy as described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_