

Angie Simonton, LCSW
Individual & Family Clinical Social Worker
5001 Highway 190 E. Service Road
Suite D4-5

Website: www.angiesimontonlcsw.org

Clinical Practice & Procedure Policies

Directions: please review and sign at the bottom. It is recommended that you keep a copy for your records.

Privacy Policies

- Ms. Simonton has given me a copy of HIPAA rights. She recommends that I keep a copy of this paperwork if I ever have questions.
- I understand that my privacy and Confidential information is extremely important in working with Ms. Simonton. But there are some situations in which the Louisiana Law & Federal Laws trumps over my privacy rights. Those situations include the following:
 - If Ms. Simonton believes I am going to hurt myself or someone else.
 - If Ms. Simonton suspects abuse or neglect of a child, disabled adult, or elderly adult.
 - If Ms. Simonton suspects that a minor is being sexually abused. Or if a minor is breaking the Louisiana 2 year law (being in a sexual relationship with someone two years older or younger). If you have more questions on this please notify Ms. Simonton
- If Ms. Simonton receives a court subpoena or judge order to be present in court related to a legal case that you are involved in.
- Ms. Simonton does not wish to participate in court disputes. It is not my area of expertise nor am I considered a custody mediator, family reunification therapist, or a specialist in legal disputes. Especially cases involving child custody or divorce. If that is something you are looking for I can refer you to someone who specializes in this.
- If Ms. Simonton is reported to the board or is being sued, and your case is involved then your information will no longer be considered confidential via the Louisiana Law.
- I agree to notify Ms. Simonton if there is a lawsuit that she may become involved in. Or give her an advanced notice if I believe that a court suit is pending.
- I understand that if I use my health insurance that they have the right to my treatment records for payment of services.
- I understand Ms. Simonton is required to keep my records at a minimum of 6 years following my termination with her.
- I understand that in order for Ms. Simonton to speak with other health care providers, agencies, and family/ friends that I must sign a release of information. Releases of information are good for a year unless otherwise specified.
- (for minors only) I understand that as a parent I have the right to my child's information under Ms. Simonton's care, unless stated otherwise in legal paperwork. I also understand that she will use her clinical judgement in regards to what she does disclose to me as a parent. I understand that the therapeutic relationship, which includes trust, is extremely important. And thus I will be respectful of that with my child.
- (minors only) I understand that both parents have the right to a minors treatment recommendations & progress. And unless stated otherwise in legal paperwork, it is highly recommended that both parents are involved whether the parents are together or not.

- I understand that if I see Ms. Simonton in public, or outside of her office, that she will let me decide if I want to acknowledge her or not. I understand that if I do see Ms. Simonton in public and greet her that she will likely not introduce me to anyone that she is with, for my privacy.
- I understand that Ms. Simonton does not allow the recording of sessions, conversations, nor photography (no matter the medium nor State laws). Thus if I do proceed with this behavior, I understand that I will be immediately terminated from her care. I also understand that this is boundary issue based upon mutual trust. And not only is this a privacy issue but it is also a trust issue. Ms. Simonton will not take photos, videos, nor recordings of myself nor anyone else involved in treatment.

Social Media Policies

- Ms. Simonton understands that most people in our culture use social media and smartphones. I understand that Ms. Simonton does use multiple types of social media. And that I am allowed to follow her Professional Postings that are related to her therapy practice. However she does discourage me from commenting on her posts as my privacy as a client may be breached.
- Ms. Simonton is not allowed to accept friend requests on private/ closed social media pages. She also can not respond to “PM’s” or Private Messages.
- It is preferred that you not “check in” at my therapy office, rate services, nor disclose on social media your treatment under my care. It is difficult to keep your identity private, if you post such information.
- I understand that Ms. Simonton’s email is HIPAA compliant. And it is preferred that confidential or sensitive information be sent there. However Ms. Simonton will accept text messages if required. But she prefers that the content information be focused on appointments/ scheduling. As text messages are not HIPAA compliant.

Financial Policies

- I understand that Ms. Simonton charges a flat rate of 100.00 a session out of pocket. And ultimately I am responsible for that amount whether I have health insurance or not. If I decide to use my health coverage with Ms. Simonton I understand that if my claims are denied then I am financially responsible for the unpaid balance.
- I understand any insurance co- payments are due by the end of the session. I understand that private pay clients are to pay at the end of the session.
- I understand that there will be a 30.00 fee for bounced checks.
- I understand that Ms. Simonton will be flexible with me for scheduling. And she requests the same of me. Fees will not be charged for canceled appointments nor reschedule requests. However she will charge me a 50.00 fee for “no calling and no showing.”
- I understand that it is my responsibility to keep Ms. Simonton updated with any changes to my health insurance/ coverage. And that I am financially responsible if the insurance denied claims.
- If Ms. Simonton is being called into court for a case that you are involved in, there is an upfront cost of (deposit) 800.00 in the form of a money order or cashiers check. Following this there will be a charge of 200.00 an hour for time spent in preparation, travel, time spent at the courthouse (whether they delay it or not), any telephone conversations, and any other time spent for the case. Full Payment is expected immediately following the case, whether I am called as a witness or not.

Treatment Policies

- The goal of therapy is to have a strong rapport, a high level of trust, working towards achievable goals, seeing progress, appropriate boundaries, appropriate behavior, meeting goals, seeing decreased symptoms, feeling better, improved coping, and then termination.
- I understand that the therapeutic relationship is extremely important to make progress. I agree to tell Ms. Simonton when something is bothering me, if I feel like it's not a “good fit,” or if I don't feel like

progress is being made. Being honest and transparent is important. I also understand that I am able to terminate the therapeutic relationship at any time. Although a termination session is recommended.

- I also understand that if Ms. Simonton feels that progress is not being made that she will discuss it openly with me.
- As mentioned above boundaries are extremely important. And the client and therapist are expected to treat one another with appropriate behavior. If at any point, the client or the therapist feels uncomfortable or unsafe, then the trust is broken. If it's possible to work through this in therapy, that is recommended. However some issues may not be able to worked out and at that point termination is recommended. And a referral to another Therapist will be given.
- I understand that I will be working towards achieving my therapy goals and eventually termination.

Informed Consent for Treatment

- I am agreeable to mental health treatment under the care of Angie Simonton, LCSW. I understand that with this process a mental health diagnosis will be given. Ms. Simonton is capable under her scope of practice to assess, diagnosis, and treat most mental health issues. If for any reason she feels that I require additional care or different care, then she will discuss this with me. Ms. Simonton can not give out legal advice nor give medical care.

By signing this document I am stating that I am agreeable and will abide by it. Failure to do so may likely result in termination.

Client or Guardians Signature: _____ Printed Name:

Date: _____

Clients name if a minor: _____

Signature and date of Angie Simonton, LCSW:

Last update on 08/20/18

This form was updated on 05/20/2018