

Meg Hamilton, MA LPC
MA Transpersonal Counseling and Art Therapy
Naropa University, 2012

Disclosure Statement

I received my Master of Arts degree in Transpersonal Counseling and Art Therapy from Naropa University in May 2012. I hold a Professional Counselor License in North Carolina. I am also trained as an art therapist, and was trained in a graduate program approved by the American Art Therapy Association. I am currently awaiting approval by the Art Therapy Credentialing Board of my status as a Registered Art Therapist (ATR).

Experience

I have worked for since 2009 as a mental health professional. This experience has included work with children, adolescents, young adults, and adults and both group and individual counseling. I specialize in working with children, adolescents, and families. I specialize in working with trauma, complex trauma, and developmental trauma as well as family systems. I utilize art therapy interventions in the counseling relationship, and include a strengths-based, person centered approach. Additionally, I use mindfulness as a valuable tool in counseling. I am trained in Family Centered Treatment, Art Therapy, and SMART (Sensory Motor Arousal Regulation Treatment). I am also trained in Motivational Interviewing and DBT. In 2016, I completed a 9-month certificate program in Traumatic Stress Studies through The Trauma Center in Boston, Massachusetts. I am trained in EMDR and am pursuing certification as an EMDR therapist. This entails ongoing consultation with an EMDRIA approved consultant. If EMDR is a part of our treatment plan, we will discuss this further.

Session and Fee Information

Sessions are 50 minutes long unless previously agreed otherwise. Sessions are offered at the rate of \$110/hour. Initial appointments (assessments) are offered at \$125/hour. I offer a reduced fee for clients/families whose annual income is less than \$50,000. For families with multiple caregivers, this only applies if all caregivers meet this requirement. My reduced fee is \$85/50-minute session. Additionally, I charge for phone calls that are 20 minutes or longer. These are charged at a rate of \$35/20 minutes. At the time of intake we will complete a Financial Agreement Form indicating an agreed upon rate. I have a 24-hour cancellation policy. Sessions scheduled within 24 hours of the appointment time are subject to the full fee of the appointment. I accept cash, checks, and credit cards as payment, and use HIPAA compliant software to process payments and billing. These programs are Jituzu and My Clients Plus.

Additionally, I can provide services as an out-of-network provider for insurance companies. This means I will provide you with a receipt for services, which you can submit to your insurance company for reimbursement per the guidelines of your insurance plan. I am an in-network provider with all Blue Cross Blue Shield plans, except for Blue Value and Blue Local plans. If you would like to use your BCBS benefits, you will be responsible for any co-pay at the time of session. I will inform you of any eligibility issues, co-pays, or other relevant payment and insurance information as I become aware of it, however it is ultimately your responsibility to be familiar with your plan's mental health benefits.

Please note that if I am subpoenaed to court on your behalf additional fees apply. These fees are the responsibility of the party who sends the subpoena. Please see the attached fee schedule for a complete list of any associated court fees.

Treatment Modalities

Art Therapy is an engaging and accessible therapy modality for children and adolescents. Please note that if we are using art therapy in treatment that this will mean using a variety of art materials. If there are materials that your child may react to adversely, please let me know. Please also note that art making can be messy, so wearing clothing that can get messy to session may be helpful.

SMART (Sensory Motor Arousal Regulation Treatment) involves movement and play. It is not unusual for play to be loud, and my office is a space where appropriate objects can be thrown, slammed, or bounced in appropriate ways. SMART follows a child's direction for sensory input, and seeks to help children satisfy sensory needs in ways that are productive and integrative. Simultaneously, SMART seeks to assist children with connecting to their bodies, recognizing changes in their feeling states, and learning skills and strategies that give them the control they need to manage their feeling states.

I prioritize safety in all of the work that I do. Please note that Art Therapy and SMART have a higher risk for injury than regular talk therapy due to the presence of art materials and movement. Please discuss any concerns regarding safety with me at any point.

I participate in a monthly trauma consultation group. The purpose of this group is to provide clinical support and insight. This group maintains confidentiality for all cases discussed in the group. All cases are discussed without sharing any identifying information of clients.

Gender Affirming Approach

I follow a Gender Affirming Model for supporting youth who are expressing or exploring gender variation. This means several important things:

1. Gender variations are not disorders and are not pathological
2. Gender variations are healthy expressions of infinite possibilities of human gender
3. Gender presentations are diverse and vary across cultures, requiring cultural sensitivity to those variations
4. Gender involves an interweaving of nature, nurture, and culture
5. A person's gender may be binary, fluid, or multiple
6. If people suffer from any kind of emotional or psychiatric problem connected to their gender it is most likely a result of social and systemic oppression and/or rejection
7. Allowing a person to lead and be the expert on their gender identity and expression is critical (Ehrensaft, 2016)

In addition to these things, I follow the practice of informed consent for choices clients may be making about transition processes or procedures. This means that my role is to provide information and offer support for exploring options and possibilities. Part of this includes offering information and support in exploring potential risks or side effects of processes or procedures. However, I am not a physician, and can only provide general information regarding medical decisions. If you are working with medical providers, I can collaborate closely with them with your permission. I strive to empower you to make the decisions you feel are best for you without gatekeeping or influencing those decisions.

In the spirit of collaboration, I meet with the Gender Collaborative of the Triangle to stay aware of best practices, resources in the Triangle, and to consult on cases. Please know that all identifying client information is completely confidential and is not shared in this group. Additionally, all group participants uphold confidentiality for cases discussed (without identifying information) in consultation. I am also a member of WPATH (World Professional Association for Transgender Health) and follow the Standards of Care set forth by this organization.

Contacting Me

I see clients Tuesday-Saturday. After hours, or on weekends, I may not be available. I ask clients to schedule phone calls for clinical issues with me during my workdays using an online scheduling program. This link will be sent to you, and is available on my website in the "For Clients" page. If a mental health emergency should arise and I cannot be reached, please contact 911 or a mobile crisis team. In Durham, this team can be reached at 1-855-459-9507. If you are not in Durham, you can find your county's mobile crisis team by googling your county and Mobile Crisis Team.

If I am travelling, I will often ask a trusted colleague to be on call for any client emergencies. If this happens, this colleague will be a licensed therapist and maintain the same standards for confidentiality that I do. I sign a Business Associate Agreement with colleagues who offer this kind of support in order to ensure your confidentiality is protected per my standards.

Confidentiality and Records

Generally, insurance companies require a diagnosis of a mental health condition before they will agree to reimburse for services. If a qualifying diagnosis is appropriate, I will discuss the diagnosis with you prior to submitting any information to insurance. It should be noted that if diagnosis is utilized in our sessions that diagnosis becomes a permanent part of your records.

All of our communication becomes part of your clinical record, which you have access to upon request. I maintain confidentiality of all information discussed in our session and all information related to your identity, records, and disclosures. The exceptions to this include the following:

- If you disclose intent to harm yourself or others
- If you disclose information about child or elder abuse (current abuse of a child or elder, or abuse that occurred in the past and in which the abuser currently has access to children or elders- i.e. a coach, youth leader, employee of a home for elders, etc)
- Court orders for records
- If you provide me with written consent to disclose information to relevant and appropriate parties (i.e. schools, hospitals, or relevant family members)

Grievance Policy

If you wish to file a complaint against a North Carolina licensed professional counselor, you may do so by placing that complaint in writing and sending it to the NCB LPC. According to the American Counseling Association’s Ethical Guidelines, you should attempt to resolve your complaint with the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA Code of Ethics you believe to have been broken, and submit along with a completed NCB LPC Complaint Form to the board. The board will assign your complaint a number so no names will be known to anyone but the board attorney, administrator, and ethics chair. Once the complaint has been received, notification is sent to the counselor against which the complaint was filed allowing him or her to respond to the alleged charges. If necessary, the board will investigate the complaint and issue a ruling after gathering all necessary information. Investigations will not be made unless complaints are in writing and signed by the complainant.

For more information regarding this process and for complaint forms, visit <http://www.ncblpc.org/license-info/complaints> or contact the North Carolina Board of Licensed Professional Counselors at the information below:

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Email: LPCinfo@ncblpc.org
Fax: 336-217-9450
Phone: 336-217-6007

I agree to allow contact by email at the following email address:
Primary Contact: _____
Secondary Contact: _____

I agree to allow text message contact at the following phone number:
Primary Contact: _____
Secondary Contact: _____

I agree to allow Meg Hamilton, MA LPC to leave relevant information on my voice mail at the following number:
Primary Contact: _____
Secondary Contact: _____

I would like to receive text message reminders of appointments.

By signing this form, you state you understand and agree to the information outlined in this document, and consent to treatment.

Client Signature Date

Parent/Guardian Signature Date

Megan Hamilton, MA LPC Date

Fee Schedule

Service Type	Details	Fee
First Session (Assessment)	50-60 minutes for initial evaluation	\$125
50-Minute Session	50 minutes	\$110
90-Minute Session	90 minutes	\$150
Missed Session	Session missed without notification or with less than 24 hours' notice	Full Fee for sessions as agreed upon in Financial Agreement
Reduced Fee for 50-Minute Session	This fee is applicable for clients whose income is less than \$50,000 annually. For families with multiple caregivers, this fee is only used if all caregivers meet this requirement.	\$85
Phone Calls	Phone calls are charged in 20-minute increments. Phone calls less than 20 minutes are not charged.	\$35/20 minutes
Court Fees		
Preparation Time	Time spent preparing for court or submitting records	\$150/hour
Phone Calls		\$100/hour
Time required giving Testimony	Time spent in court	\$250/hour
Mileage	Varies according to federal regulations	\$.53.5 per mile
*I require a \$500 retainer for time spent in court. This is due at the time I receive a subpoena. This fee is subtracted from the total fee, but is not refundable should there be a change of court date, etc.		



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Financial Agreement

Client Name: _____

DOB: _____

Please choose the appropriate payment method below:

_____ **Insurance**

Insurance Provider: _____

Member ID: _____ Group Number: _____

Name on Insurance: _____ Policy Holder DOB: _____

Co-Pay: _____

I am able to bill for services with insurances with whom I have a contract. Eligibility for coverage varies from plan to plan. I will share any information I receive regarding eligibility and coverage as I receive it, however it is your responsibility to understand your plan's mental health benefits. Any co-pay is expected at the time of service.

_____ **Out-of-Network (\$110)**

I am an out-of-network provider for insurance carriers. This means that clients are required to pay the full fee for services. I provide clients with a receipt that they may submit to their insurance carriers to receive reimbursement if applicable. Reimbursement depends upon the specifics of each insurance plan. Clients are advised to contact their carriers directly to understand their benefits.

_____ **Private Pay (\$110)**

Clients who do not have mental health insurance or wish not to use their insurance coverage may pay for services themselves at the rates listed in my Fee Schedule. I will provide a receipt of payment for services.

_____ **Reduced Fee (\$85)**

I offer a limited number of reduced fee spots in my practice, and make payment determinations based on clients' income level and other specialized needs. Clients/family with an annual income of less than \$50,000 are eligible for a reduced fee. Families with multiple caregivers are eligible for a reduced fee if all caregivers meet this requirement.

All Clients

- Should clients fail to show for an appointment or cancel without 24-hours' notice the full fee of the appointment will be charged.
- I accept cash, checks, and credit cards. Credit card payments are received through a HIPAA and PCI compliant payment system. I do not accept American Express at this time.
- You can make online payments through your Jituzu client portal using a debit or credit card. These payments are HIPAA and PCI compliant.
- It is possible that insurance may not cover a service as anticipated. If this happens, you will be billed for the amount that was billed to your insurance company.
- I understand that unexpected financial difficulties arise from time to time. It is my policy to not allow a session balance to accumulate beyond two sessions.
- The Jituzu system will keep credit card information on file. I will never charge a credit card without your explicit permission to do so. Signing this form indicates you understand credit card information is stored within this system.

By signing below I acknowledge and agree to these financial policies.

Payer of Services

Date

Megan Hamilton, MA LPC

Date



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Art and Video Release

As the parent/legal guardian of _____, I authorize Birch Counseling to use art work created in session or video recordings made at session for the purpose of (check all that apply):

- Peer consultation purposes
- Professional trainings for mental health providers or other appropriate professional groups
- Research or publications that would not contain family or client names or other identifying information, including visual facial images.

Additionally, I understand that:

- Upon written notice, I may have any or all audio/videotape recordings erased and/or restrict their use to one or more of the above stated purposes unless they are subject to a legal hold or otherwise subject to subpoena or other legal process.
- All audio/videotape records are available for viewing by me
- The videotapes will only be viewed by professional staff who will agree in writing to maintain confidentiality, unless subject to legal hold
- As an art therapist, I am required to keep art work or images of art work as part of your record; videos, however, do not become a part of your record
- Choosing to not give consent does not affect your therapeutic services or your individual and family rights for services
- Services are not contingent upon my permission to audio or videotape sessions
- I may revoke this consent at any time by delivery of said revocation in writing. I understand that if I revoke this consent, the revocation will not apply to materials and information already disclosed as outlined above
- I understand and agree that there should be no fee paid, nor expected for having consented to the above referenced use and further state I have consented freely and willingly with no promise of future service or under threat of service removal for having consented to use.

Signature

Date

Signature

Date

Clinician

Date



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**HIPAA Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Birch Counseling's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Meg Hamilton, MA LPC at 919-813-0218.

Signature of Client **Date**

Signature of Parent/Guardian **Date**

Signature of Therapist **Date**



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HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *LPC Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Meg Hamilton, MA LPC at meg.hamilton@birchcounselingdurham.com.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Meg Hamilton, MA LPC or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**



BIRCH COUNSELING

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Social Media and Technology Policy

This document outlines Birch Counseling's policies related to use of Social Media and Technology. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Professional Page on Facebook

I manage a Facebook Page for my professional practice. This page is to allow people to share my blog posts and practice updates with other Facebook users, as well as to share information and resources with the community. You are welcome to view my Facebook Page and read or share articles posted there, however please know that I will not communicate with clients via this page. Facebook communication is not secure, and creates a greater likelihood of compromised client confidentiality. Note that you should be able to subscribe to the page via RSS without creating a visible, public link to my Page. You are more than welcome to do this

Interacting

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone or email. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Business Review Sites

You may find my psychology 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 providers 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 my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the North Carolina Board of Licensed Professional Counselors which oversees licensing, and they will review the services I have provided. They can be contacted at:

P.O. Box 77819
Greensboro, NC 27417
Email: LPCinfo@ncblpc.org

Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

Email

Recent changes to HIPAA regulations permit therapists and clients to send unencrypted emails that contain PHI if clients are informed of the potential risk. Email is often a convenient way to reach me, however please be aware that email is not a completely secure method of communication. Please be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. As such, I hold a Business Associate Agreement with my email server per HIPAA requirements. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Online Scheduling

I use a program called Jituzu for online scheduling, and software called My Client Plus for billing and electronic records. These programs are HIPAA compliant. Jituzu offers a secure portal through which you can communicate with me if you choose to do so.

Conclusion

Thank you for taking the time to review my Social Media and Technology Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.