

Heritage Behavioral Health Consultants

Julie Summers, M.A., LPC-S

Julie Ottosen, M.A., LPC

Jennifer Hofman, M.A., LPC

Selenia Pellerin, M.A., LPC

Danielle Mitchell, M.Ed., R.D., L.D, LPC

Sarah Jane Paton M.A., LPC

Jill Early, M.Ed., LPC

Allie Sauls, M.A., LPC

Ana Ince, M.Ed., LPC

Dr. Karen Maness, M.D.

Angela Jones, Ph.D., LPC

Alicia Gilpin, M.A., LPC

Elizabeth Warren, MBA, M.A., LPC-Intern

(Under supervision of Julie Summers, M.A., LPC-S)

Taylor Garcia, M.A., LPC-Intern

(Under supervision of Julie Summers, M.A., LPC-S)

Rey Rivera, M.A., LPC-Intern

(Under supervision of Julie Summers, M.A., LPC-S)

Nadia Knutzen, M.A., LPC-Intern

(Under supervision of Julie Summers, M.A., LPC-S)

Welcome to the practice of Heritage Behavioral Health Consultants. We are pleased you have chosen our office and will assure you that we are working with you in a caring and professional manner. Please take a few moments to read our office policies and do not hesitate to ask any questions you may have. These policies are further detailed in the Notice of Privacy Practices following this form.

OFFICE HOURS

Regular support staff hours are from 8:00am to 5:00pm Monday through Friday. Each clinician sets his or her own schedule and will work with you to schedule a mutually agreeable time.

SESSIONS

Full sessions are 45 minutes and half sessions are 25 minutes long. In order to ensure that your time is respected and waiting time does not interrupt your schedule or ours, every effort is made to start and stop on time. Extended sessions can be arranged when necessary, that will include an additional fee.

CANCELLATIONS

There is no charge for missed appointments **IF APPOINTMENT IS CANCELLED AT LEAST 24 HOURS IN ADVANCE.** If the appointment is for Monday, the cancellation may be made-by leaving a message with the answering service. **WE DO CHARGE FOR APPOINTMENTS NOT CANCELLED 24 HOURS IN ADVANCE.**

PRIVACY PROCEDURES

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), Heritage Behavioral Health Consultants is required to: 1) maintain the privacy of your health information, 2) provide you with a Notice to our legal duties and privacy practices with respect to the information that we collect and maintain on you, 3) abide by the terms of the Notice, 4) notify you if we are unable to agree to a requested restriction, 5) accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. Please refer to our Notice of Privacy Practices for detailed information.

EMERGENCY SERVICES

In the event of an emergency including, but not limited to suicidal ideations, homicidal ideations, severe decompensation, acute psychotic symptoms, and/or other urgent issues requiring immediate action please call 911, the Crisis Hotline (713-HOTLINE), or go to the nearest emergency room. Your therapist will usually be available to assist you personally should an emergency consultation becomes necessary: however, at times, a colleague may cover calls or you may have to contact emergency services (911) if no colleagues are immediately available. You may reach us at (713) 365-9015, leave a message and a call back number on your

therapist's private voicemail. Again, if this is an emergency please call 911 and do not leave a voicemail. If the phone consultation requires more than 15 minutes, you will be billed for time.

If your therapist reasonably believe that you are a danger, physically, behaviorally, emotionally, or mentally, to yourself or another person, you specifically consent for me to warn the person in danger, and to contact the following persons, in addition to emergency medical services, your primary care physician, other medical personnel, law enforcement, officers of the court, and/or 911 staff:

List three people to contact during an emergency (Person name, relation, and phone number)

1. _____
2. _____
3. _____

TECHNOLOGY

As a policy, we typically do not accept social media request from clients or follow clients on social media. Please see attached Social Media policy for further details. We may choose to utilize text, phone, and email as a form of communication for schedule or facts. Your therapist will NOT provide counseling via email or text. They will respond and let you know that they have received your message. Your therapist can receive voicemails and emails from their business phone and computer that are directed to their cell phone. Please know that your therapist will respond to your voicemails and emails during office hours. However, do not leave emergency information on this voicemail or email and call 911.

FEES

Payment is due at the time of service rendered in the form of cash, check or credit card. We do not file insurance in this office; however, for those clients that belong to an insurance company that wish to file, we will give you an itemized statement so that you can file it with your insurance company in order to have them reimburse you directly.

It is the policy of this practice to turn delinquent accounts over to collection after 90 days. If it becomes necessary to do this, there will be an additional 10% charge to the outstanding balance.

SERVICE TERMINATION

You acknowledge that the services provided by me to you are voluntary. You or your therapist may elect to terminate services after appropriate and therapeutic termination occurs for any reason.

PERSONAL RELATIONSHIPS

Our goal is that we will develop a positive, rewarding relationship. At this time, please take a few minutes to fill out the enclosed information so that we may better help you achieve your goals.

TYPES OF THERAPY AND ASSESSMENTS

A variety of therapies are available depending on your needs and wishes. During your first visit, you and one of our clinicians will evaluate together what issues you wish to address and the type of therapy that would be most appropriate for you.

Please check each type of therapy or assessment you feel may be appropriate.

- Marriage or Relationships Counseling
- Individual Counseling
- Parent Consultation
- Family Therapy
- Attention Deficit Disorder Assessment
- Psychological Testing

CONSENT TO SERVICES

By signing this Informed Consent document, you acknowledge, understand, and agree that you have both read and understood all the consents, terms, and information contained in this Informed Consent and the attached Notice of Privacy Practices. Additionally, you acknowledge, understand, and agree that many opportunities have been offered to you to ask questions and seek clarification of anything in this Informed Consent that was unclear to you. You acknowledge, understand, and agree that you have been given a copy of all pages of this Informed Consent and Notice of Privacy Practices.

I HAVE READ AND FULLY UNDERSTAND THE PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT AND AGREE TO ITS TERMS.

Patient's Full Name (please print): _____

Signature: _____

Date: _____

I HAVE RECEIVED A NOTICE OF PRIVACY PRACTICES AND AGREE TO ITS TERMS.

Patient Signature: _____

Date: _____

Clinician Signature: _____

CHILD PATIENT INFORMATION

Date: _____ Clinician Name: _____

Patient's Name: _____ Referred By: _____

DOB: _____ Age: _____ Male Female

Patient's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ DOB: _____

Employer: _____

Work Phone: _____ Cell: _____

Email Address: _____

Father's Name: _____ DOB: _____

Employer: _____

Work Phone: _____ Cell: _____

Email Address: _____

If Appropriate:

Which parent has legal custody: _____

Stepfather's Name: _____ Phone: _____

Stepmother's Name: _____ Phone: _____

Responsible Party: _____

Relationship to Patient: _____

Emergency Contact: _____ Phone: _____

Where may we leave voice mail messages for you? Cell Home Office

Would you like an invoice after every visit? Yes No

Would you like to keep your credit card info on file for ease of payment: Yes No

Card Holder Name: _____

Credit Card No.: _____ Exp. Date: _____

Credit Card Billing Address: _____

CVV Code: _____ (3 digit code on back of card)

Signature: _____

Social Media Policy

This outlines my office policies related to use of Social Media. 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.

"Friending and Fanning"

I may or may not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.) This can blur the boundaries of our therapeutic relationship.

I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. You are welcome to view my Facebook Page and read or share articles posted there, but becoming a fan is not recommended. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list. In addition, the American Counseling Association's Ethics Code prohibits my soliciting testimonials from clients, former clients, or any other persons who may be vulnerable to undue influence.

"Following"

We publish a blog on the company's website, personal sites, and post psychology/counseling news on Facebook and Instagram. I have no expectation that you as a client will want to follow my blog or any social media stream. My primary concern is your privacy. If you share this concern, there are more private ways to follow my professional page on a social media platform (such as using an RSS feed). Note that I may or may not follow you back knowingly. I may or may not follow current or former clients on blogs or any social media platforms.

Interacting

Please do not use messaging on social networking sites such as Twitter, Facebook, Instagram, and/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. Direct email (provided separately) is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Email

We prefer using email only to arrange or modify appointments. Please do not email me

content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, 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. You should also know that any emails I receive from you and any responses that I send to you could become a part of your legal record.

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 private 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. 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. The American Counseling Association's Ethics Code states under C.3 Advertising and Soliciting Clients that "Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial."

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.

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 Texas State Board of Examiners of Professional Counselors, which oversees licensing, and they will review the services I have provided.

Texas State Board of Examiners of Professional Counselors | Complaints and Management and Investigative Section | P.O Box 141369, Austin, Texas 78714-1369

Conclusion

Thank you for taking the time to review my Social Media 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.

Please sign below indicating that you understand all information in the "Social Media Policy"

Client Signature

Date

Pediatric Nutrition Assessment Checklist

I. Identifying Information

Child's Name: _____

Birth Date: _____ Sex: _____ Today's Date: _____

II. Medical History

Is your child allergic to any food or drinks? Yes No

If yes, allergic reaction to what? _____

Does he/she get a rash or edema? Yes No

If yes, allergic reaction to what? _____

Does your child take any vitamins/minerals or food supplements? Yes No

If yes, which ones? _____

If your child is not taking a vitamin, does your water supply contain fluoride? Yes No

Has your child had any major hospitalizations, operations, or major injuries? Yes No

If yes, what? _____

Does your child have any chronic illnesses? Yes No

If yes, what? _____

Does your child take any medications on a regular basis? Yes No

If yes, what medication(s) and what dosage(s)? _____

III. Family History

	Current Age	Medical History	Cause of Death	Age at Death
Mother				
Father				
Sister				
Brother				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

(cont'd)



IV. Social History

Does your child follow any special diet? Yes No

If yes, is your child compliant with this diet? Yes No

If yes, what are the special restrictions/type of diet? _____

What type of milk are you feeding your child? _____ # fl oz/day? _____

What else does your child drink during the day? _____

When did you start to introduce solid foods into his/her diet? _____

How is your child's appetite? Excellent Good Fair Poor

How many meals does your child eat during the day? _____

Does your child skip meals? Yes No

If yes, which ones and why? _____

How many meals away from home does your child eat every day? _____

Which meals? _____

How many snacks does your child eat during the day? _____

Does your child usually eat the food that is prepared for the family? Yes No

Does your child avoid any specific foods, such as milk or meats? Yes No

If yes, which ones? _____

Does your child chew on any of the following?

Dirt Clay Paint Chips Woodwork Ice Plaster Newspaper

Is your child physically active? Yes No

If yes, how often and what type of activity does he/she participate in? _____

Describe a typical day for your child in terms of what he/she eats and drinks at meals and for snacks.

What are your child's special food likes and dislikes?

How often does your child go to "fast food" restaurants? _____

What does he/she usually order? _____

How much candy, other sweets, processed snack foods, and soda pop does your child eat/drink? _____

What, if any, concerns do you have about your child's appetite, feeding behavior, or diet?

V. Nutritional Information

Height (length): _____ (cm) Height for Age: _____ (percentile)

Current Weight: _____ (kg) Weight for Age: _____ (percentile)

Ideal Weight for Height: _____ (kg) Ideal Height for Age: _____ (cm)

If Weight Change (days, weeks, or months): _____

% Weight for Height: _____ Interpretation: _____

% Height for Age: _____ Interpretation: _____

VI. Laboratory Evaluation

Serum Albumin: _____

Significance: _____

Serum Transferrin: _____

Significance: _____

Serum Glucose (normal=70–110 mg/dL): _____

Significance: _____

Hematocrit and Hemoglobin: _____

Significance: _____

Serum Cholesterol: _____

Significance: _____

Serum Triglycerides: _____

Significance: _____

Other Relevant Lab Data
