



WELCOME!

Congratulations on taking a brave step toward healing! The following information is meant to help answer any administrative questions you may have about Fuller Life Family Therapy Institute or the services we offer. **If you have any questions about anything within this document, we encourage you to bring them up when we meet.**

About Fuller Life Family Institute

Our mission is to provide quality counseling to ALL persons, with specific opportunity to assist the under-resourced or under-insured, and to fill a gap in the professional development of Marriage and Family Therapists and Counselors by creating a rigorous collaborative post-graduate fellowship program with an emphasis in faith-based training of Marriage and Family Therapists.

The Fuller Life Family Therapy Institute (FTFT) is a not-for-profit charitable organization with 501(c)(3) status with the IRS. We are grateful to the various individuals, churches, and organizations that partner with us in our dream of serving the people, children, and families in the Houston.

Scheduling

Fuller Life Family Therapy Institute offers individual, marital & family therapy to adults, children, adolescents and families **by appointment only**. Sessions begin meeting weekly and generally last 45-50 minutes. Follow-up sessions are scheduled at the end of the session.

To schedule an appointment please call Fuller Life Family Therapy Institute at (855) 245-5433 or email Info@fullerlifefamilytherapy.org.

Payment for Services

The client is responsible for payment of counseling and any other services utilized. **Payment is due in full at the time of service.** FLFT accepts checks, credit card or cash. There is a \$35 fee for returned checks. A credit or debit card is required to be on file and will be electronically billed at the end of session unless the client indicates another preference for payment.

The session rate is determined prior to the first appointment. Fees are structured on a sliding scale based on income. Please notify your therapist if any problems arise during therapy regarding your ability to pay.

Cancellation Policy

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. If you cannot keep your appointment, please notify your therapist or Fuller Life Family Therapy Institute as soon as possible at (855) 245-5433.

The full fee is charged for no-shows or sessions not cancelled 24 hours in advance.

Location

Fuller Life Family Therapy Institute is in southwest Houston just inside Loop 610 on Bissonnet. Covered guest parking is available on the ground floor parking area. Additional parking is available to the right and left of the building.

If your appointment is after 6 pm, use the call box or phone to let your therapist know you are here. When you arrive, please be seated in the lobby and a therapist will be with you shortly.

4545 Bissonnet, Suite 289
Bellaire, TX 77401
(885) 245-LIFE (5433)

<http://fullerlifefamilytherapy.org/>
Info@fullerlifefamilytherapy.org

Referrals

Your referral to others is the highest compliment you can give. If you do suggest our services to friends or family members, we greatly appreciate it.

CONFIDENTIALITY

Fuller Life Family Therapy upholds strict policies regarding confidentiality. All information disclosed within sessions and the written records pertaining to those sessions are confidential. FLFT will not release records to any outside party without written authorization by all adult parties participating in therapy.

The following are some circumstances wherein disclosure of client information may be required by law:

- ◆ Under subpoena from a judge in criminal or federal matters.
- ◆ a reasonable suspicion of child, dependent, or elder abuse or neglect;
- ◆ a client presenting a danger to self, to others, to property, or a grave disability;
- ◆ or a client's family member communicate to a therapist that the client presents a danger to self or others.

Our offices maintain confidential records and practices. As a training institute, we spend several hours together each week in clinical supervision and training with a sole purpose of enhancing therapeutic service and professional development through case discussion. Likewise, administrative staff has access to invoices and other information needed for billing, scheduling, or documentation purposes.

CONFIDENTIALITY IN COUPLES and FAMILY THERAPY:

Due to confidentiality for treatment, **FLFT Therapists only see couples together in therapy.** Individuals participating in couple's therapy are not seen individually by the same therapist.

Material discussed in therapy with children or adolescents is confidential and will not be disclosed to parents. The therapist may share a clinical opinion, discuss assessment and treatment goals with parents or involve parents in treatment when appropriate. Our code of ethics grants confidentiality even to minors.

If sending an email to your therapist when participating in couple's therapy, always CC your spouse in the communication.

CONSULTATION and TRAINING

Fuller Life Family Therapy Institute is a training institute. Your therapist will consult regularly with the clinical supervisor and Fuller Life colleagues regarding your clinical treatment. Each member of the Fuller Life team has committed to uphold the highest standard of care, ethics and confidentiality.

To provide the highest quality of care and intensive therapy training, we utilize video for clinical supervision purposes. Video is stored for less than 30 days and is kept on secure HIPAA-compliant servers.

MEDIATION & ARBITRATION:

All disputes arising out of, or in relation to counseling services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of your therapist and the client(s).

THE PROCESS OF THERAPY

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Therapy requires active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior.

Sometimes more than one approach can be helpful in dealing with a certain situation. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly.

Sometimes participating in experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, or experiencing anxiety, depression, insomnia, etc. This can happen for many reasons such as clients recalling or talking about unpleasant events, feelings, or thoughts or the therapist challenging assumptions or perceptions.

Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Therapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. **There is no guarantee that psychotherapy will yield positive or intended results.**

If you have any unanswered questions about any of the procedures used during your therapy, their possible risks, your therapist's expertise in employing them, or about the treatment plan, please discuss this with a therapist.

Your therapist provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her/his scope of practice.

TERMINATION:

A therapist does not work with clients who, in his/her opinion, he/she cannot help. In such a case, if

appropriate, you will be given referrals that you can contact.

A therapist has the right to refer to alternate organizations or therapists when appropriate and cease providing treatment. Here are some examples of client behavior that may result in a therapist terminating services:

- attending sessions under the influence of alcohol or drugs
- displaying or threatening violent tendencies
- demonstrating non-compliant behaviors
- two consecutive no-shows

You have the right to terminate therapy at any time. Upon your request, your therapist will provide you with names of other qualified professionals whose services you might prefer.

FULLER LIFE ETHICAL STANCE:

We commit to dedicate ourselves to serving the best interest of each client while respecting institutional and ethical policies and improving policies to ensure the best interest of the client is served.

- ◆ We commit to not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences, etc.
- ◆ We will maintain an objective and professional relationship with each client.
- ◆ We will respect the rights and views of other mental health professionals, and appropriately end services or refer clients to other programs when appropriate.
- ◆ We will evaluate our personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement and continually attain further education and training.

Online Resources from Fuller Life

Fuller Life Family Therapy provides articles about issues related to relationships, mental health and wellness on our website. We regularly write about relational or mental health on our professional blog on our website and we curate great articles and resources we find on Scoopit! Follow us on [Facebook](#) or [Twitter](#), or subscribe to our [newsletter or blog](#) to get the most current updates.

We invite you to follow our professional twitter feed, professional Facebook page, LinkedIn as these are professional and meant only for us to share professional resources. Please know that you do this of your own accord and this may compromise your confidentiality.

SOCIAL MEDIA POLICY:

We do not accept friend requests from current or former clients on PERSONAL social networking sites, such as Facebook or Twitter. We 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.

For this same reason, we request clients not communicate with us via any interactive or social networking sites. These sites are not secure and we may not read these messages in a timely fashion. The best way to contact us between sessions is by phone.

A more private way to stay connected with our online profiles is through our newsletter. We never share your information with a third party. You may sign up for our newsletter on our website, on our professional Facebook profile or on the communication preferences form.

BUSINESS REVIEW SITES:

FLFT has a presence on sites such as Yelp, Google, Yahoo, Bing, or other places which list businesses and may include forums in which users rate their providers and add reviews. 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 our client. Our professional Code of Ethics prohibits our soliciting testimonials from clients.

CONTACTING US:

- ◆ By phone 855-245-LIFE (5433)
- ◆ Your therapists direct line (business card/web).
- ◆ By email: info@fullerlifefamilytherapy.org OR (therapist's name)@fullerlifefamilytherapy.org
- ◆ Secure Fax: (832) 706-3829
- ◆ Secure form on www.fullerlifefamilytherapy.org

COMMUNICATIONS POLICY:

It is important that we can communicate and keep the confidential space that is vital to therapy. It may become useful during treatment to communicate by email, text message or other electronic methods of communication.

These methods, in their typical form, are NOT confidential means of communication. If you use these methods to communicate with your therapist there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages.

The kinds of parties that may intercept these messages include, but are not limited to:

- ◆ People in your home or environments with access to your phone, computer, or devices
- ◆ Your employer, if you use your work email to communicate with Fuller Life
- ◆ Third parties on the Internet, server administrators or others who monitor Internet traffic

If there are people in your life that you don't want to access these communications, please talk with your therapist about ways to keep your communications confidential.

FLFT uses only HIPAA-Compliant Secure forms of communication unless you indicate a desire to communicate in non-secure means via our communication preferences form. We offer encrypted email, a secure texting platform and all third-party services with HIPAA-compliant Business Associates. While it cannot be guaranteed these services will prevent 100% of confidentiality breaches, they are designed to ensure enhanced security.

INDICATE YOUR CHOICES FOR COMMUNICATION ON THE COMMUNICATION PREFERENCES FORM IN THE INITIAL PAPERWORK. If you wish to communicate by non-secure or "normal" email, please inquire about the potential confidentiality risks of doing so and know that we can use encrypted email to ensure higher security.

If you communicate confidential or private information via unencrypted e-mail we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters.

EMERGENCY CONTACT:

If you are ever experiencing an emergency, including a mental health crisis, please call and indicate the emergency clearly in your message. If you need to talk to someone right away call Psychiatric Emergency Services. In the event of a psychiatric emergency: Dial 911, go to your local emergency room or request a Crisis Intervention Team at the MHMRA Neuropsychiatric Center by calling **713.970.7070**. **Please do not use texts, e-mail, voice mail, or faxes for emergencies.**

EMAIL:

If you choose to authorize non-secure email with us, it is very important to be aware that computers and unencrypted e-mail communication can be relatively easily accessed by unauthorized people and compromise the privacy and confidentiality of such communication. E-mails are vulnerable to such

unauthorized access since servers or communication companies may have unlimited and direct access to all e-mails that go through them.

We prefer using email only to arrange or modify appointments. If you choose to email or text us content related to your therapy sessions please know any emails we receive or responses we send to you become a part of your medical record.

RESPONSE TIME:

We may not be able to respond to your messages and calls immediately. For voicemails and other non-emergent messages, you can expect a response within BUSINESS 1-3 days. We may occasionally reply more quickly, but please be aware this may not always be possible.

TEXT MESSAGES:

Unlike email, our text and fax accounts are through confidential and secure HIPAA-Compliant Services. **Texting with our clients is limited to scheduling related items ONLY.** Please include your name if you do text us. To ensure greater confidentiality, we do not store your contact information in our personal devices so please let us know who you are if you text about scheduling.

Please note that SMS (normal phone text messages) are not designed for emergency contact. Refrain from using SMS as your sole method of communicating with us in emergencies.

Please speak with us about any concerns you have regarding these policies.

NOTICE OF PRIVACY POLICIES: (7-2017)

OUR LEGAL DUTIES

State and federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us, and we abide by ethical and legal requirements of confidentiality and privacy of records.

USE OF INFORMATION

Information about you may be used by this clinic for diagnosis, treatment planning, treatment, research and

continuity of care. We may disclose it to members within our organization or business associates as a part of treatment, billing, or training, etc.

It is the policy of this clinic not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent.

Health care professionals are required to release records of clients when a court order has been placed.

DUTY TO WARN AND PROTECT

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

ABUSE

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and his or her safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

MINORS/GUARDIANSHIP

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

PROFESSIONAL MISCONDUCT

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released to substantiate disciplinary concerns.

TERMINATION PROTOCOL

Should a member of Fuller Life Family Therapy decease while a client is undergoing treatment, another member of the Fuller Life Team will properly dispose of client records and ensure continuance of care.

OTHER PROVISIONS

When payment for services are the responsibility of the client, or a person who has agreed to provide payment, and payment has not been made in a timely manner,

collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes) is not disclosed.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals to provide the best possible treatment or training. In such an event, clinical information may be disclosed but will not reveal any identifying markers (name, address, etc.)

In the event the clinic or mental health professional telephones the client for purposes such as scheduling, or to give/receive other information, efforts are made to preserve confidentiality. We will adhere to the following procedure when making phone calls: we will ask to speak to the client (or guardian) without identifying the name of the clinic. If the person answering the phone asks for more identifying information, we will say that it is a personal call. If we reach an answering machine or voice mail, we will follow the same guidelines.

YOUR RIGHTS

You have the right to request to review or receive your medical files. You may request a copy of your records in writing. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. There is a charge for this service. All requests must be in writing.

- ◆ You have the right to cancel a release of information by providing us a written notice. You have the right to know what information in your record has been provided to whom.
- ◆ You have the right to restrict what information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.
- ◆ You have the right to request that information about you be communicated by other means or to another location.
- ◆ You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we may decline to change the information, you have the right to make a statement to be placed in your file.

COMPLAINTS

If you have any complaints or questions regarding these procedures, please contact the clinic. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services, the Texas State Board of Licensed Professional Counselors or the Texas State Board of Marriage and Family Therapy at the following address: *Texas Department of State Health Services, Mail Code 1982, Austin Texas 78714-9347*. If you file a complaint, we will not retaliate in any way. Direct all correspondence to: *Privacy Officer, Fuller Life Family Therapy Institute, 4545 Bissonnet, Suite 289, Bellaire, TX 77401*.



I have read the above Information for New Client Policies. I consent to treatment with Fuller Life Family Therapy. I am aware of the availability of the Fuller Life policy on communication, social media and privacy practices. I understand these policies & agree to comply with them:

_____ CLIENT SIGNATURE	_____ CLIENT NAME (print)	_____ DATE
_____ SPOUSE/GUARDIAN SIGNATURE	_____ SPOUSE/GUARDIAN NAME (print)	_____ DATE