

...OCBF Counseling Center

Client Information

Who we are:

The OCBF Counseling Center is a ministry providing a network of assistance and resources to the church and community. Our ministries include: Free At Last support groups, a premarital support group, individual counseling, adolescent counseling, child counseling, couple/marriage counseling, and family counseling.

Terms:

1. **Counselor**- a provider of mental, emotional, and spiritual help utilizing principles from, but not limited to, theology, human development, mental health, education, psychology, social work, marriage and family therapy, guidance, and counseling.
2. **Licensed Professional Counselor (LPC)** – A person who is board certified by the state of Texas as a licensed professional counselor.
3. **Licensed Professional Counselor Intern (LPC- Intern)** – A person who holds a temporary license to practice counseling and is under the supervision of a licensed professional counselor.
4. **Master of Arts (MA) or Master of Science (MS)** – A master’s degree from an accredited institution, such as an MA or MS in Counseling.
5. **Supervisor** – A person giving oversight to another counselor, counseling associate, intern, or practicum student.
6. **LPC Supervisor (LPC-S)** – A person certified by the Texas State Board of Professional Counselors as meeting the requirements to supervise an LPC intern.
7. **Practicum Student** – A person who is in the final stages of completing a Master’s degree, in a counseling-related field. Rev. Guy Earle supervises practicum students.

Credentials

Our counseling staff includes, but is not limited to: LPC-Supervisor, LPCs, LPC-Interns, and practicum students. All counselors are Christians and members of local area churches.

Counseling Staff

- Rev. Guy Earle, MA, LPC-S, Director of Counseling
- Ms. Christal Castillo, Administrative Assistant of Counseling
- Oran Pryor, MA, LPC
- Donna Medley, MA, LPC
- Dr. Robbie Nayman
- Delene Penix, MS, LPC Intern
- LPC-Interns /Practicum students (vary throughout the year)

Supervision

The staff of the OCBF Counseling Center operates as a team to improve the quality of your counseling journey. Because of the process, your counseling may be discussed with your counselor's supervisor or colleagues. In addition, your counselor may request permission to video tape your session or have another counselor participate in your counseling session, as a part of clinical supervision and training. Intervention sessions will involve other counselors and lay resource people. You have the right to decide if this team approach is appropriate for you.

Goals, Purposes and Techniques of Counseling

There may be alternative ways to deal with the difficulties you are experiencing. It is important for you to discuss any questions you may have regarding the treatment recommended by your counselor and to have input in setting the goals for your counseling sessions. As sessions progress, these goals may change.

Risks in Counseling

Counseling can be tremendously beneficial; however, there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings are natural and normal and are often an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events; facing unpleasant thoughts and beliefs; increased awareness of feelings, values, and experiences; and calling into question your beliefs and values. Your counselor will be available to discuss any of your assumptions, problems, or possible side effects of working together.

Relationship

Your relationship with your counselor is a therapeutic relationship. Please do not allow personal and/or business relationships to undermine the effectiveness of your therapeutic relationship.

Appointments/Hours of Operation

We see clients by appointment. Our office hours are 9:00 a.m.-3:00p.m. on Monday, 9:00a.m.-8:00p.m. Tuesday, Thursday, and Friday, 9:00 a.m. – 6:00 p.m. on Wednesday and 9:00 a.m. – 2:00 p.m. on Saturday. Appointment availability varies based on counselor schedules. We observed all national holidays and other occasional dates. During inclement weather, sessions will be rescheduled.

Emergencies

If you are experiencing an emergency, please call **911 and/or go to your nearest hospital**. An emergency is defined as physical danger to self or others. Examples of emergencies include suicidal thought/plan, homicidal thought/plan, delusions (believing things to be true that are not possible or probable), hallucinations (seeing or hearing things others do not), child abuse or elder abuse. Parkland Hospital, Hickory Trail Hospital, Green Oaks Hospital, and Timberlawn are hospitals that can help you with suicidal or homicidal thoughts, delusions and hallucinations. Child Protective Services and Adult Protective Services can help you with child or elder abuse. The Family Place can help you in case of domestic violence.

Cancellations

Your appointment is reserved exclusively for you. Please make every effort to be on time for your appointment. Please notify the counseling ministry if it is necessary to cancel or reschedule an appointment. Please leave a message with each of the following: your name, phone number, counselor's name, your original appointment time, and the reason for rescheduling the appointment.

Counseling Sessions

Sessions are typically 50 minutes in length but may take longer. The number of sessions varies. The number of sessions needed depends on many factors and may be discussed with your counselor.

Fees for Counseling Services

1. Session fees

\$100 Fee per counseling session

-\$65-75 Fee reduction discount to you and the community made available through the gracious gifts of _____ individuals and the generous funding of Oak Cliff Bible Fellowship.

\$25-\$35 Suggested Donation per session (\$25-members; \$35 non-members)

NEW PAYMENT OPTIONS FOR COUNSELING SERVICES:

- a. Online payment under the Counseling tab at www.ocbfchurch.org
- b. Gift certificates available for purchase at the OCBF Bookstore located at Oak Cliff Bible Fellowship Church
1808 W. Camp Wisdom Rd,
Dallas, TX 75232
- c. Mail in payments to the counseling business office:
Attn: Admin/Counseling
Oak Cliff Bible Fellowship Church
1808 W. Camp Wisdom Rd.
Dallas, TX 75232

2. **Free At Last – Monday nights from 6:53 – 9:00 p.m.** in the Worship Center – Choir Room. The **cost is \$25** for an 8-10 week session. Reading materials can be purchased separately at the church book store. Please visit our website: www.ocbfchurch.org and click on the Free At Last link for a full list of classes offered for the current session, to register for a group, dates for the current session, and a brief description of each class.
3. **Pre-marital Group – Tuesdays from 7:00-8:30 p.m.** and on **Saturdays from 9:00 -10:30 a.m.** in the CDC building. (You and your partner will attend on either the Tuesday or the Saturday class.) Saturday classes are not typically available during the summer. The cost is **\$100.00 per couple for OCBF members** and **\$125.00 per couple for non-members**. Please visit our website: www.ocbfchurch.org and click on the Pre-marital Counseling link for more information. The cost includes: the group sessions, an online assessment, and book.
4. **Biblical Life Coaching** – Sundays from 11:00 a.m.-12:30 p.m. The cost is \$25 and includes the book.
5. **We do not file insurance.**
The fee reduction discount you are receiving per session is more than the average reimbursement you could expect to receive from a typical insurance plan (medical plans vary concerning out-of-pocket costs for mental health filings). We have chosen to provide you this discount and not file insurance for several reasons:
 - Many in our community have little or no medical benefits; therefore, this allows us to provide a quality of service to everyone, regardless of insurance.
 - Insurance companies do not dictate to you or the Counseling Ministry how we can help you (such as number of sessions, etc.)

- Not filing insurance reduces our administrative cost, and we are able to pass these savings along to you.

6. Additional Costs- Although it is the goal of the OCBF Counseling Center to safeguard your information and records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. ***It is our policy not to be involved in legal issues regarding divorce or child custody disputes.*** However, in the event disclosure of your records or the counselor's testimony is required by law, you will be responsible for and shall pay the costs involved in preparing for and giving testimony. Such payments are to be made at the time the services are rendered by the counselor. The counselor may require a deposit for anticipated court appearances and preparation.

Confidentiality

OCBF Counseling Center will make every effort to safeguard your information within our agency. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse or exploitation; abuse of the elderly or disabled; abuse of patients in mental health facilities; HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is an issue; situations where the counselor has a duty to disclose, or where, in the counselor's judgment, it is necessary to warn, notify, or disclose; a negligence suit brought by the client against the counselor; or the filing of a complaint with a licensing board or other state or federal regulatory authority. **For further information, review the NOTICE OF PRIVACY PRACTICES furnished to you by the counseling ministry in conjunction with this CLIENT INFORMATION.** If you have any questions regarding confidentiality, please discuss them with your counselor. By signing the **CONSENT TO COUNSELING**, you are giving consent to your counselor to share confidential information with all persons mandated by and with the agency that referred you and releasing and holding harmless your counselor from any departure from your right of confidentiality that may result.

Duty to Warn

In the event that a counselor reasonably believes that you are a danger, physically or emotionally, to yourself or another person, by signing the **CONSENT TO COUNSELING**, you consent for the counselor to warn the person in danger and to contact any person in a position to prevent harm to yourself or another person, in addition to medical and law enforcement personnel. You waive all rights to confidentiality under these circumstances and agree to hold harmless the counselor, OCBF Counseling Center, and Oak Cliff Bible Fellowship.

Clients Who Are Dependents

If you are requesting our services as the guardian or parent of a child or a dependent adult, the same general principles of Confidentiality and Duty to Warn as stated above will apply. Because it is important that your child be able to completely trust the counselor, we keep confidential what the child says in the same way we keep confidential what an adult says. However, as the parent or guardian you have the right and responsibility to question and understand the nature of our progress with your child, and we must use our discretion as to what is appropriate to disclose. In general, we will not release specific information that the child provides to us; however, we will discuss your child's progress in broader terms and value your participation in their counseling experience. By signing the **CONSENT TO COUNSELING** for your child you agree to these conditions.

Change in Counselor Status

All files and records are the property of OCBF Counseling Center, not of your counselor. In the event your counselor can no longer provide services to you due to reasons such as medical, personal, incapacity, death, or termination of employment, you acknowledge it will become necessary for another counselor to be assigned your file and records. By signing the **CONSENT TO COUNSELING**, you give your consent to allow another counselor selected by OCBF Counseling Center to be assigned your file and records. If you choose a new counselor outside this Center, upon your request, we will send a copy of your files and records to that counselor.

Termination

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. Please attend your termination session to bring closure to your counseling sessions.

Complaints

Rev. Guy Earle is the Director of OCBF Counseling Center and may be contacted regarding complaints in writing or by phone at:

Rev. Guy Earle

OCBF Counseling Center

1808 W. Camp Wisdom

Dallas, TX 75232

(214) 672-9152 & (214) 672-9117

Notice of Privacy Practices
OCBF Counseling Center
Effective October 1, 2010

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We (OCBF Counseling Center, staff and associates) are required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of your privacy rights and our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this notice with respect to your PHI but reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that we maintain.

UNDERSTANDING YOUR PERSONAL HEALTH INFORMATION

Each time you visit a hospital, physician, mental health professional, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, in the case of a mental health professional, psychotherapy notes, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professional who contribute to your care.
- Legal documentation describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation, a source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your health record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of this practice, the facility that compiled it, the information belongs to you. You have the following privacy rights:

- 1) The right to request restrictions on the use and disclosure of PHI to carry out treatment, payment, or health care operations.
 - You should note that we are not required to agree or to be bound by any restrictions that you request but are bound by each restriction that we agree to.

- 2) In connection with any patient directory, the right to request restrictions on the use and disclosure of your name, location at this treatment facility, description of your condition, and your religious affiliation.
- 3) To receive confidential communication of your PHI unless we determine that such disclosure would be harmful to you.
- 4) To inspect and copy your PHI unless we determine in the exercise of our professional judgment that the access requested is reasonably likely to endanger your life or physical safety (*Note: if state law allows, "emotional safety": may be included as well*) or that of another person. You may request copies of your PHI by providing us with a written request of such copies. We will provide you with copies within ten (10) business days of your request at our office. You can be charged \$.25 for each page copied and if so you will be expected to pay for the copies at the time you pick them up.
- 5) To amend your PHI upon your written request to us setting forth your reasons for the requested amendment we have the right to deny the request if the information is complete or has been created by another entity. We are required to act on your request to amend your PHI within sixty (60) days, but this deadline may be extended for another thirty (30) days upon written notice to you. If we deny your requested amendment, we will provide you with written notice of our decision and the basis for our decision. You will then have the right to submit a written statement disagreeing with our decision which will be maintained with your PHI. If you do not wish to submit a statement of disagreement, you may request that we provide your request for amendment and our denial with any future disclosures of your PHI.
- 6) Upon request to receive an accounting of disclosures of your PHI made within the past 6 years of your request for any accounting. Disclosures that are exempted from the accounting requirement include the following:
 - Disclosures necessary to carry out treatment, payment and health care operations.
 - Disclosures made to you upon request.
 - Disclosures made pursuant to your authorization.
 - Disclosures made for national security or intelligence purposes.
 - Permitted disclosures to correctional institutions or law enforcement officials
 - Disclosures that are part of a limited data set used for research, public health or health care operationsWe are required to act on your request for an accounting within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you of the reason for the delay and the date by which we will provide the accounting. You are entitled to one (1) accounting in any twelve (12) month period free of charge. For any subsequent request in a twelve (12) month period you can be charged \$.25 for each page copied and if so you will be expected to pay for the copies at the time you pick them up.
- 7) To receive a paper copy of this privacy notice.
- 8) The right to complain to us and to the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe your privacy rights have been violated. You may submit your complaint to us in writing setting out the alleged violation. We are prohibited by law from retaliating against you in any way for filing a complaint with us or HHS.

Uses and Disclosures

Your written authorization is required before we can use or disclose our psychotherapy notes (notes documenting or analyzing the contents of our conversations during our counseling sessions and that are separated from the rest of your clinical file). Psychotherapy notes do not include medication prescription or monitoring, counseling session state and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

It is our policy to protect the confidentiality of your PHI to the best of our ability and to the extent permitted by law. There are times, however, when use or disclosure of your PHI including, psychotherapy notes, is permitted or mandated by law even without your authorization.

Situations where we are not required to obtain your consent or authorization for use or disclosure of your PHI psychotherapy notes include the following circumstance:

- By our therapists or office staff for treatment, payment or health care operations as they relate to you.
For example: Information obtained by us will be recorded in your record and used to determine the course of treatment that should work best for you. We will document in your record our work together, and when appropriate, we will provide a subsequent counselor or health care providers with copies of various reports that should assist him or her in treating you once we have terminated our therapeutic relationship.
For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- In the event of an emergency to any treatment provider who provides emergency treatment to you.
- To defend ourselves in a legal action or other proceeding brought by you against us.
- When required by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law.
Examples: To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.

If we reasonably believe an adult individual to be the victim of abuse, neglect or domestic violence, to a governmental authority, including a social services agency authorized by law to receive such reports to the extent the disclosure is required by or authorized by law or you agree to the disclosure and we believe in the exercise of our professional judgment disclosure is necessary to prevent serious harm to you or other potential victims. If we make such a report, we are obligated to inform you unless we believe informing the adult individual will place the individual at risk of a serious injury.

In the course of judicial or administrative proceeding in response to:

- An order of court or administrative tribunal so long as only the PHI expressly authorized by such order is disclosed, or
- A subpoena, discovery request or other lawful process, that is not accompanied by an order of a court or administrative tribunal so long as reasonable efforts are made to secure a qualified protective order, by the person requesting the PHI.
- Divorce and/or child custody cases and other legal proceedings in which your mental health or condition is an issue, are the kinds of suits in which your PHI may be requested.
Note: It is our policy not to be involved in legal issues regarding divorce or child custody disputes. We will make an appropriate referral for these issues. However, if a therapist receives a subpoena involving you, you will be responsible to pay a fee for the time and expense spent in responding to the subpoena.
- In compliance with a court order or court ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena or summons, a civil or an authorized investigative demand or similar process authorized by law provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought and de-identified information could not reasonably be used.

