

Fiona Hill, MTS, MA, LPC

In contract with Lifepointe Counseling, LLC

11166 Tesson Ferry Road, St. 203

St. Louis, MO 63123

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<https://lifepointecounseling.com/fiona-hill/>

About Your Therapist

Fiona Hill, MTS, MA, LPC (“your therapist”) is a licensed therapist in the state of **MO** located at **11166 Tesson Ferry Road, St. Louis, MO 63123**, providing psychotherapy and professional counseling services as well as educational and support services for children and their families.

Fiona Hill, MTS, MA, LPC is an independently licensed and contracted therapist with LifePointe Counseling, LLC, which is a group of independent medical health professionals under the name of LifePointe Counseling, LLC. This group is an association of independently practicing professionals who share certain expenses and administrative functions. While the members share a name and office space, the clinician(s) you are seeing are fully responsible for those services. Their professional records are the property of LifePointe Counseling, LLC; however, no other member of the group can have access to them without your specific written permission. In addition, your provider(s) are solely responsible for matters concerning your clinical care and all questions about that care should be addressed to them.

Informed Consent and Agreement For Therapy

Please read thoroughly, make a note of any questions you may have. Please speak with your therapist directly to discuss any and all questions you have prior to providing signature to this agreement.

****Your therapist will store a copy of this signed agreement in a confidential, HIPPA compliant storage system along with the rest of your clinical file.**

Confidentiality

In all but a few situations, your confidentiality and privacy is protected by state law and by the ethical rules of our profession. There are some exceptions as follows:

Limits to Confidentiality:

- 1) If you make a serious threat to harm yourself or others, the law requires us to try to protect you by informing appropriate officials.
- 2) If we have reason to believe a child or any adult dependent has been or will be abused or neglected, we are legally required to report this to the proper authorities.

- 3) If you are or will be involved in court proceedings and the clinical record is subpoenaed by an attorney and/or ordered by a judge it will be produced subject to that subpoena unless your therapist is informed that you are taking action to prevent production of these records. In the event that a subpoena is served on your therapist, it will be your responsibility to take action, such as seeking a protective order with respect to any subpoena, if you do not wish for your therapist to produce your clinical record subject to that subpoena. Your therapist will not incur legal fees protecting your clinical record. This is your responsibility.
- 4) If a guardian ad litem (GAL) is appointed in a custody case involving child clients and she/he is ordered by the court to have access to mental health practitioners and records therein.
- 5) The Patriot Act of 2001 requires us in certain circumstances, to provide federal law agents with records, papers and documents upon request and prohibits us from disclosing to my client that the FBI sought or obtained the items under the Act.
- 6) In professional supervision or consultation with other therapists and/or business associates; shared office space, record storage and voicemail system with a fellow therapist. Professional peers, business associates, fellow therapists and any supervisor are bound by confidentiality as well.
- 7) As professional counselors we often need to consult with a professional supervisor and/or a professional peer on the services we are providing you in order to ensure you are receiving the best services possible. This may include details of your case and in this age of electronic technology it may mean that this information is shared via cell phone conversations. All professional peers and supervisors are bound by the same legal and ethical rules of confidentiality. Your therapist will not disclose your name or identifying information unless it is a case of imminent emergency and/or involves DFCS
- 8) Tele-health including electronic communications include limitations of your confidentiality. Email, texting and cell or google voice phone communications cannot be guaranteed confidential. These means of electronic communication are considered “non-secure.”
- 9) In the case of death or incapacitation, all clients will be contacted and records will be accessed by a designated mental health professional who will ensure confidentiality.
- 10) In the case we need to collect unpaid payments, a collection agency may be utilized and it is understood by you that this collection agency may be given access to certain protected health information necessary to identify you and engage in the collection process.

POLICY on CONFIDENTIALITY FOR CHILD CLIENTS: In working with child clients, though legally the parent(s) or legal guardian(s) of child clients age appropriate privacy is an essential aspect of the relationship and setting for a child’s therapy, we do honor what the child does or says in our sessions as confidential while providing parents

and/or legal guardians summaries of treatment goals, plan and progress as well as recommendations. We will provide full records upon request to any custodian parent with rights to these records.

POLICY on CONFIDENTIALITY WITH FAMILIES: In family therapy, the family as an entity is the client although one individual may be deemed the “identified client” for record keeping and insurance reimbursement purposes. Our policy is that we are not providing individual therapy for any individual in the family, although sessions with individuals in the family may be a part of the family therapy. We will not be a “secret keeper” nor facilitate secret keeping. If anything significant is revealed in an individual session that your therapist feels that other members of the family unit should be told, your therapist will require it be brought up in the next session together so we can work through it. If an issue arises regarding the need for confidentiality, and this provision cannot be fulfilled, family therapy will likely need to terminate with this therapist.

POLICIES ON DIVORCE AND/OR CUSTODY CASES: Your therapist is not a custody evaluator and cannot make any recommendations on custody. Your therapist can refer you to a licensed professional who DOES provide custody evaluation if needed.

Due to the sensitive nature of divorce and all potential issues that may arise in such cases, your therapist has very specific policies to which you must agree before we enter a counseling relationship:

- 1) A copy of any most current standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session.
- 2) Your therapist requires that this agreement be signed by both legal guardians before your child is seen for counseling. In the event there is a final decision maker on health related issues who wants the child to be seen for counseling, even in the case the other parent does not provide written consent, it is to the discretion of your therapist as to whether the child will be seen.
- 3) Your therapist may provide an interview with any court-ordered Guardian ad Litem (GAL) and/or custody evaluator (CE) whom the court has ordered. They will have access to the child’s records, or a summary of treatment, upon request. Any time spent speaking with GAL or CE greater than 15 minutes will be billed to and paid by you, the guardian, or your representative, at our court related rate of \$150/hour (a pro-rated amount shall be charged for any time over 15 minutes in increments of 30 minutes).
- 4) Your therapist will be in equal contact with both parents who share in the legal custody of the child being seen for counseling and will offer/encourage opportunities for both parents to participate in parent consultations along the way.
- 5) Your therapist may recommend family sessions and depending on the case may need to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.

POLICIES REGARDING RECORDS: Upon fourteen (14) days written notice, the therapist will provide you with your clinical records. There is a charge of \$_0.15__ per page for clinical records. It is understood that your therapist may maintain a separate file of psychotherapy notes for her own use. These psychotherapy notes are not part of your clinical record. It is understood and agreed that these psychotherapy notes will not be provided upon request.

POLICIES REGARDING TESTIMONY: You understand and agree that your therapist discourages her participation in any litigation matter in which you or your child may be involved. You understand and agree that if your therapist is subpoenaed by you or others for testimony in connection with your therapy or the therapy of your child, this will disrupt your therapist's schedule, it will require her to prepare for such testimony, and it may also require her to engage the services of an attorney to help her prepare for her testimony. **As a result, your therapist charges a flat daily rate for testimony in the amount of \$2,000/day.** The rate applies for trial testimony and deposition testimony. Payment for testimony must be made to the therapist at least five (5) business days prior to the scheduled testimony. You understand and agree that any request or subpoena for testimony will not be honored and will be considered waived without the requisite payment being timely made to your therapist as required in this paragraph.

Agreement To Abide by Fee Agreement and All Policies Herein
(please initial on each line)

____ I have read or had read to me all the information in this Consent Packet.

____ I have had a chance to review and ask questions about all and any information in this Consent.

____ I have had all questions answered to my satisfaction prior to signing Consent.

By signing this agreement, I am consenting to all policies outlined in this consent.

Name of parent/guardian of child client:

Signature of parent/ guardian of child client:

Date: _____

Client name: _____

