

Professional Disclosure Statement & Client Service Agreement

Cassie Hamrick, MAAT

This Professional Disclosure Statement & Client Service Agreement contains important information about my services and business policies. When you sign this form, it will represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have to take action outlined in the limits of confidentiality or you have not satisfied any financial obligations you have incurred.

In addition to this Professional Disclosure Statement & Client Service Agreement, you will be provided with another form. The Health Insurance Portability and Accountability Act or HIPAA is a federal law that provides privacy protections and rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices that outline and explains HIPAA and its application to your personal health information.

MY QUALIFICATIONS

I earned my Master of Arts in Art Therapy from the School of the Art Institute of Chicago in 2016. Including the clinical internships completed during my training, I have 2.5 years of professional art therapy experience and 7 years of professional human service experience.

PSYCHOLOGICAL SERVICES

I view art therapy as a collaborative process between you, me and anyone else you determine to be appropriate. During your sessions you will be free to discuss whatever it is you wish. I assume that you know what is best for you and through our collaboration we can clarify how best to achieve it.

My philosophy is to view you as a whole person whose mind, body, environment, and social activities are interconnected. My view is to see emotional, social, and physical health challenges as normal human experiences, which are impacted by one's environment and lived experience. These challenges can be an opportunity to enhance your health as well as an opportunity for growth. To meet the unique needs of each client, I integrate current scientific findings with your own intuitive healing process. There are a variety of services and techniques that may be helpful to integrate into your sessions. You may want to explore what combination, if any, might work best for you.

I also respect that it is most important for you to feel comfortable with your therapist. Should you ever have questions or concerns about our work together, please feel free to talk to me about them. Sometimes the therapist you start with may not feel like the right fit for you. I want to encourage you to express that to me and, if you request it, I can help facilitate you finding the right professional that best fits your needs and style.

Art therapy can have many benefits and some risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings at times. On the other hand, psychotherapy has also been shown to have many benefits. Obviously there are no guarantees what you will experience. I believe that you have the ability within you to maximize your own success.

SESSIONS

Sessions will normally be 45-50 minutes in duration. If they are shorter or longer for some reason, the fee will be adjusted according to the quarter hour. Many people meet weekly for the first few sessions then

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decide on what is the best frequency for them. The frequency can vary depending upon need, schedules and finances.

TELEPHONE CALLS

If you dial the main number listed above, your call will be answered by me or my voice mail. If I do not answer your call at that moment, please leave a message in my confidential voice mail box along with the best time to reach you, and I will call back as soon as possible. If you have an emergency situation and need immediate assistance and I do not answer your phone call immediately, consider going to your nearest emergency room.

Brief phone calls to change appointments or clarify information are welcomed and will not be charged. However, if phone calls are longer than 10 minutes, they may be charged according to the quarter hour. If I will be unavailable for an extended time period, I will indicate on my voice mail greeting the name of a colleague who is covering for me.

FEES & PAYMENT

The full fee at Cassie Hamrick Art Therapy for one 45-50 minute Individual Art Therapy session is \$95. A sliding fee scale can be used to arrange a reduction in this full fee. In the case that a sliding scale is used, the client and I will collaborate to determine a fair fee for service. Many factors will be considered when determining an out-of-pocket fee for a client including annual income, access to additional sources of income, exorbitant medical expenses and other excessive financial expectations. All clients will be asked to pay something for the services provided as part of their acknowledgement of the importance of these services.

I also may charge for other services you could need, though I will break down the hourly cost if I work for periods of less than one hour. These other services may include telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparing records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you may be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the significant time and energy associated with legal involvement, I charge no less than \$400 per hour for preparation and attendance at any legal proceeding. Please be aware that I am practicing as a professional art therapist.

I request that you pay the whole fee at the end of each session, unless we have a written agreement otherwise. I am not accepting insurance payments at this time. Also, a fee of \$35.00 will be added to your balance due for each check returned from the bank for insufficient funds. If you have a balance and do not have an appointment scheduled, you will receive a statement around the 15th of each month for services. Unless there is a financial hardship we have discussed and have developed an alternative arrangement, payment is requested upon receipt of the statement.

COLLECTIONS

In the unlikely event that you do not reduce your balance in a 60-day period, and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, the costs will be included in the claim. Please note that the collection agency will report your delinquent account to the credit bureau and thus your credit rating may be affected.

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CLIENTS UNDER THE INFLUENCE

I reserve the right to refuse or terminate a session if you or anyone in the session is suspected to be under the influence of a mood altering substance. If this occurs, you may still be responsible and charged for full payment of the normal fee.

CANCELLING APPOINTMENTS

Although it is usually best therapeutically to keep regular appointments, there may be times when you cannot make it into the office. It is requested that you call my number below at least 24 hours in advance to cancel the appointment. If you do not cancel more than 24 hours in advance, you may be charged the full normal fee for that session unless we have a written agreement otherwise. The exceptions to this policy are major illnesses, accidents you may be in, and weather which results in transportation difficulties. If I have an opening and can reschedule you during that week, you are not charged.

STOPPING OR PAUSING THERAPY

You have the right to stop therapy at any time. It might be helpful to you if we discuss when you are ready to stop and plan for it accordingly. It may be helpful to discuss any feelings you have as well as talk about strategies to maintain your progress. Some people take periodic breaks, others use the therapist as one resource in their life and may come in a couple of times a year as a way to maintain their gains. Feel free to discuss all of these options with me when and if you are ready.

CONFIDENTIALITY

There are laws that clarify the privacy of all communications between you and me. In most situations, I can only release information about you if you sign a written authorization form. There are some situations where I am required by law to break confidentiality. The law indicates five such situations and they are:

1. if you report child abuse.
2. if you report elder abuse.
3. if you are in immediate danger of harming yourself.
4. if you are in immediate danger of harming someone else.
5. if I am ordered by a court to disclose information.

Any other situation requires me to have a written, advance consent form signed by you before any confidential information can be released. Your signature on this Agreement indicates your understanding of confidentiality and the legal limits of confidentiality.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I separate Protected Health Information about you from Psychotherapy Notes I may write about our session. The Protected Health Information is contained in your record. It may include information about your reasons for seeking therapy, a description of the ways in which your life is impacted, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, testing materials, your billing records, and any reports that have been sent to anyone.

Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your record if you request it in writing and the request is signed by you and dated not more than 60 days from the date it is submitted. Because these records can sometimes be misinterpreted and/or upsetting to untrained readers, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am may charge a copying fee, a fee for records search, and/or a postage fee.

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If your session includes other people, I cannot release the record or allow you to review it unless all parties present have signed an authorized release. The only exception to this policy is if a judge orders the record to be released.

In addition, I may keep a set of Therapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your record. These Therapy Notes are kept separate from your record. You may examine and/or receive a copy of your Therapy Notes at your request. Please note that these records can be subpoenaed.

CLIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your record and disclosures of Protected Health Information. These rights include requesting that I amend your record; requesting restrictions on what information from your record is disclosed to others; requesting an accounting of most disclosures of Protected Health Information that you have neither consented to nor authorized and that are not involved in treatment, payment or health care operations; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Clients under 18 years of age and their parents should be aware that the law allows parents to examine their child's treatment records unless I decide that such access would injure the child or we agree otherwise. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For children 14 and over, it is generally my policy to request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the appropriate people of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

SOCIAL MEDIA POLICY

In order to protect clients' privacy and also to maintain clear professional boundaries, I will not connect with clients on any social media. I will not accept or respond to any online requests to "friend" or otherwise connect with clients on social media.

The only exception to this policy involves my public Facebook Page, "Cassie Hamrick Art Therapy," which represents my business only. Clients and other members of the public are welcome to "Like" or "Follow" this page. I will not respond to any chats or messages directed to this Page. If a person tries to message me via this Facebook Page, they will receive an automated response providing my business phone number and business email address as available methods of communication. The link for my public Facebook page is: www.facebook.com/CassieHamrickArtTherapy

If you have any questions about my social media policy, I encourage you to bring them up when we meet in-person. 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 will provide you with a copy of the updated policy.

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COMPLAINTS

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the *Art Therapy Credentials Board (ATCB) Code of Ethics* and the *American Art Therapy Association (AATA) Ethical Principles for Art Therapists*.

Art Therapy Credentials Board
7 Terrace Way, Greensboro, NC 27403
phone: 877-213-2822 fax: 336-482-2852 web: www.atcb.org

ATCB Code of Ethics:
<https://www.atcb.org/Ethics/ATCBCode>

AATA Ethical Principles for Art Therapists:
www.americanarttherapyassociation.org/upload/ethicalprinciples.pdf

SIGNATURE

Your signature below indicates that you have read the information in this document and agree to its terms and also serves as an acknowledgement that you have received the HIPAA Notice Form described above. Please note: if the client is a minor, all legal guardians should sign this form.

Client's or Authorized Person's Name(s) (please print)

Client's or Authorized Person's Signature(s)

Date

Therapist's Name (please print)

Therapist's Contact Number

Therapist's Signature

Date