

The Power Path, LLC dba Olufemi's Professional Counseling Services

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Olufemi Sharp, MA, LPC, Licensed Professional Counselor

PRIVACY PRACTICE, CONFIDENTIALITY OF CLIENT INFORMATION AND CONSENT TO TREAT

"Protecting your rights to privacy and confidentiality of information is of paramount importance in my office"

{Federal HIPAA privacy rules and laws protect the privacy of mental health information}

LIMITS TO CONFIDENTIALITY:

- ✓ Duty to Warn and Protect: If you disclose a plan to commit suicide or homicide or threaten to harm yourself or others this Counselor has a legal duty to warn and call 911.
- ✓ If Counselor suspects that harm is being done to children, senior citizens or other vulnerable adults notification will be sent to a state agency or legal authorities.
- ✓ Insurance companies and other third party payers are given limited access to patient/client health information to process insurance claims.
- ✓ Digital communications i.e., email, text messages to this Counselor are unencrypted. Encrypted email correspondence is offered for privacy protection. There are inherent risks of confidentiality when using technology.

CONSENT FOR TREATMENT:

Client gives consent and authorizes the rendering of Professional Counseling Services with Olufemi Sharp, MA, LPC at Power Path, LLC. Counseling services delivered within the framework of Mindfulness-based Cognitive, Motivational Enhancement, Narrative Therapy, CBT, DBT, Acceptance, Mind-Body-Spirit-Energy Healing.

Client understands the right to:

1. Be greeted and treated with positive respect from this Counselor: to have each scheduled session begin and end on time.
2. Be informed of fees, services, billing, and cancellation policy: to participate in treatment and be on time for scheduled sessions.
3. Receive a copy of this consent form and HIPAA forms upon request and HIPAA forms available in the waiting room.
4. Give written authorization for disclosure of client health information.
5. Clients may withdraw this consent form at any time and suspend services

CLIENT UNDERSTANDS THAT:

1. Client files will be closed after 90 days of inactivity and will no longer be considered a client.
2. Therapy is about change and personal growth as well as practicing new life tools between sessions.
3. Phone calls, emails and text messages are answered Monday through Friday 10:00AM to 6:00PM.
4. Counseling sessions are made online a credit card number is required to book all appointments.
5. In the event of a (client) life threatening emergency during which time Olufemi Sharp is unavailable, clients are to call 911.
6. Treatment and financial files are kept in a locked cabinet in an office not accessible to the public.
7. Client billing information is kept on file. Fee for service is collected at the start of each session.

I _____ have reviewed and understand the Privacy Practice, Confidentiality of Client Information and Consent to Treat with Power Path, LLC. I agree to receive therapy services with Olufemi Sharp, MA, LPC, Licensed Professional Counselor.

Signature _____ **Date** _____

Provider _____ **Date** _____ *(updated form 6/18/19)*