

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Couple Information Packet

Practice Welcome Letter (REVISED 11-15-15)

Dear Patient:

WELCOME TO OVER THE RAINBOW COUNSELING!

This letter serves to introduce myself, Cynthia "Denise" Porter, as your therapist. In choosing a mental health care professional, you want to ensure that that person has the training and experience to get results for you.

I am a Licensed Professional Counselor (LPC) and have 25 years of experience in the behavioral healthcare field. Before going into private practice, I served as Clinical Director for two community mental health care clinics that dealt with a broad spectrum of emotional disorders and chemical dependency. I am a Licensed Supervisor for mental health clinicians interning for state licensure and am also a Licensed Continuing Education Provider.

I am experienced with the emotional problems that occur in adults, adolescents and children. I have specialized training with family therapy, addictions, trauma of all types (including domestic violence, sexual abuse and assault and victims of crime) and depression and anxiety. I also do couples therapy and have completed Level 2 in the Gottman method of therapy. Finally, I have been trained in a number of therapeutic methods, including the newer neural reprocessing therapies that come from advancements in the field of neuroscience.

I believe in providing goal-directed treatment. This means that a goal or several goals are established after a thorough assessment. All treatment is then planned with the goal in mind and progress is made toward the goal in a time-efficient manner.

I take a collaborative and supportive stance in my approach to therapy and my patients tell me that I am comfortable to be with and easy to talk to.

Again, welcome to my practice and I promise to provide you with the best of care.

Sincerely,

Denise Porter

COUPLES THERAPY INFORMATION NOTICE (Revised 11-15-15)

Page 1 of 2

THERAPY METHOD

I use the Gottman method of couple's therapy.

This method is based on Dr. John Gottman's research that began in the 1970's and continues to this day. The research has focused on what makes relationships succeed or fail. From this research, Drs. John and Julie Gottman have created a method of therapy that emphasizes a "nuts and bolts" approach to improving clients' relationships.

This method is designed to help teach specific tools to deepen friendship and intimacy in your relationship. To help you productively manage conflicts, you will be given methods to manage "resolvable" problems" and dialogue about "gridlocked" or (perpetual) issues. I will work to help you to appreciate your relationship's strengths and to gently navigate through its vulnerabilities.

TREATMENT PROCESS

Sessions are usually 60 minutes in length and are usually weekly. Services start with a thorough assessment of your couple relationship.

In the assessment phase, you will be given some written materials to complete that will help me to better understand your relationship. In the first session, we will talk about the history of your relationship, areas of concern, and goals of treatment.

After the first session, I will meet with you individually to learn each of your personal histories and to give each of you an opportunity to share thoughts, feelings and perceptions. In the final session of assessment, I will share with you my recommendations for treatment and work to define mutually agreed upon goals for your therapy.

Much of the work will involve sessions where you will be seen together as a couple. However, there may be times when individual sessions will be recommended. I may also give you exercises to practice between sessions.

However, it must be understood that screening for mental disorders in each partner is a very important part of assessing a couple's relationship. Given the high incidence of depression in

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Page 2 of 2

COUPLES THERAPY INFORMATION NOTICE

the general population, it is likely that many individuals seeking couples therapy are experiencing serious depression or other forms of emotional problems. These problems need treatment in addition to couple's therapy. If I believe that psychiatric medications might be helpful, I will make a referral.

The length of the therapy will be determined by your specific needs and goals. In the course of therapy, we will establish points at which to evaluate your satisfaction and progress.

TERMINATION OF TREATMENT

In the later stage of therapy, we will "phase out" or meet less frequently in order for you to test out new relationship skills and to prepare for the termination of therapy. Although you may terminate therapy at any time, it is helpful to have at least one session together to summarize progress, define the work that remains, and say good-bye.

While the course of therapy is designed to be helpful, your therapist can make no guarantees about the outcome of treatment, including whether each of you decides to stay in the relationship.

No shows and late cancellations have a negative impact on the progress of your treatment. If I do not believe that you will make progress on your therapy goals, because of no shows and late cancellations, I may end treatment with you. Further, if you have no-showed and have not scheduled an appointment after 30 days, I will assume you are ending your treatment. I may close your file at that time. Overall, I may consider that you are not an active client with me if 1) 60 days have passed 2) you don't have an appointment and 3) I have not heard from you. You may contact me to set up an appointment to become active again.

If a referral becomes necessary, three alternative therapists or programs will be provided to you. You will be responsible for contacting and evaluating each one based on your needs.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Page 1 of 2 **FINANCIAL POLICIES NOTICE (REVISED 11-15-15)**

1. It is your responsibility to inform the secretary of changes in your insurance policy, change of address, telephone numbers, or employer.
 2. A picture ID for all patients over the age of 14 (TDL, school ID, military ID, etc.) is required or we may Take a Picture of you. This is to protect you and the office against insurance fraud.
 3. We will collect your deductible, copayment, co-insurance or charge for non-covered services at the time of your visit.
 4. We accept cash, checks and credit cards (MasterCard and Visa). There is a returned check fee of \$35.00.
 5. To serve you better, we ask that all clients complete a preauthorization application, providing a credit or debit card to pay for any account balances. Unpaid balances will be automatically transferred to your credit or debit card. Payment of balances is required before any new appointment can be made.
 6. Accounts that are delinquent are subject to collections if delinquent more than 90 days.
 7. Self -pay patients: patients with no insurance will be expected to pay at the time of service. Private pay charges are \$250.00 for the initial evaluation and \$200.00 for each session thereafter. There is a charge for telephone consultations in excess of 5 minutes. Fees will be discussed before consult is scheduled.
 8. No-show or missed appointments: If a patient misses an appointment without calling to cancel/reschedule, a \$50 fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will also be charged a \$50 fee. These fees are not covered by your insurance. Note: for insurance patients you will be charged according to the rules of the insurance plan.
 9. Once services are performed, refunds cannot be made for those services.
In the event that you request a duplication of your records to be sent to someone other than you, you are required to fill out an Over the Rainbow Psychotherapy release form. The fee is \$15 for the first 20 pgs and 25 cents per page thereafter. Fees will be collected prior to making any photocopies. There is a \$50.00 charge for each form that is requested to be completed and for each letter that is written on your behalf.
- Insurance patients:** Insurance Very rarely Pays for couple Therapy, so payment in full is expected at time of service. If we participate with

OVER THE RAINBOW PSCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Page 2 of 2 FINANCIAL POLICIES NOTICE (REVISED 11-15-15)

your insurance plan and your insurance covers couples therapy, we will verify your network benefits, file your charges, and your insurance carrier will pay us directly. We will expect payment of your portion of the charges at the time of service. If you are not eligible for insurance benefits for any reason, at the time services are rendered, you will still be responsible for full payment of charges incurred. You will be expected to pay all balances on your account after 45 days of the claims submission process. Note: If your plan requires you to have an authorization, you will need to obtain that from your insurance company prior to being seen by the therapist.

10.Litigation: you agree that you will not involve the therapist in any current or future litigation within the court system. Should your therapist be subpoenaed or requested to appear or testify in court on your behalf, the hourly fee will be \$350.00 per hour with a four-hour minimum per day.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

EMERGENCY PROCEDURES INFORMATION

Revised 11-15-15

If you need to contact your therapist between sessions, leave a message and your call will be returned within a reasonable period of time. There is a fee for telephone consultations in excess of 5 minutes. This fee is not payable by insurance. Fees will be discussed before consultation occurs.

If it is a clinical emergency or life threatening situation, call 911 or go to your local emergency room.

APPOINTMENT PROTOCOL

Revised 11-15-15

In an effort to make our office better and more efficient for our patients, we have adopted an office protocol regarding appointments. Please make sure to provide us with updated phone numbers and an e-mail address where you can be reached.

It is our goal to provide our patients with quality mental health care in a prompt and efficient manner. When an appointment is scheduled, that time has been reserved especially for you. When an appointment is missed, that time cannot be used to treat another patient.

We ask that you kindly give our office at least 24 hour's notice in the event that you need to reschedule your appointment. This allows us to reschedule your appointment efficiently.

If a patient misses an appointment without calling to cancel/reschedule, a \$50.00 fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will be charged a \$50.00 fee as well. These fees are not covered by your insurance. **NOTE: FOR INSURANCE PATIENTS YOU WILL BE CHARGED ACCORDING TO THE RULES OF YOUR HEALTH PLAN.**

CONFIDENTIALITY NOTICE (REVISED 11-15-15)

Page 1 of 2

Confidentiality issues specific to couple's therapy

Due to couple's work involving two people, the following information is important to clarify at the beginning of therapy. In order for counseling information to be released, both members of the couple must provide their written authorization. Since the couple is the client, one member's desire to have information released, is not sufficient. Also, individual sessions are usually part of the treatment process, and what you say in those individual sessions is considered part of the couple therapy. Therefore, this information may be discussed in our joint therapy.

No secrets policy

Secrets when withheld from a spouse/partner can be destructive to the relationship and counterproductive to therapy. Therefore, I will not maintain secrets including knowledge of infidelity.

GENERAL INFORMATION ABOUT CONFIDENTIALITY

Information between provider and patient is usually held strictly confidential. However, there are a number of circumstances whereby there can be no confidentiality. Some of these are:

1. You both authorize release of information with your signatures.
2. A judge orders your information to be turned over to the court in a legal matter.
3. Your mental condition becomes an issue in a lawsuit.
4. You present a physical danger to yourself.
5. You present a physical danger to others
6. Child/elder abuse/neglect are suspected.

In the latter two cases, your therapist is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Other circumstances which allow for disclosure include the following:

Professional consultation—to ensure a high quality of treatment, your therapist may consult with other professional health care providers regarding

CONFIDENTIALITY NOTICE (REVISED 11-15-15)

some aspects of your case. The consulting professional is then ethically and legally bound to maintain the confidentiality of that information.

7. **Minors in Treatment**—Treatment considerations require that specific information be treated as confidential, whenever possible, to build trust and honesty and mutual respect. However, children under the age of 12 have little legal right to maintain confidentiality from their parents or guardians. Between 12 and 18, as the individual becomes more able to understand and choose, he or she assumes more legal rights. Nevertheless, parents and guardians have the right to general information on important life issues and the progress of treatment.
8. **Treatment records**—we are required to maintain treatment notes which include dates of treatment, diagnosis, and treatment interventions and goals. Released records to you, may be appropriately limited to a general treatment summary.
9. **Insurance claims disclosure**—submitting a claim for insurance will require disclosure of some aspects of your treatment and this includes the diagnosis. Therefore, your diagnosis will be a matter of record.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

CLIENT RIGHTS (REVISED 11-15-15)

I understand that I have certain rights, which include the following:

All civil rights as guaranteed by Texas and United States law.

The right to be treated with dignity and respect without abuse or neglect.

The right to an investigation of a complaint. Every reasonable effort will be made to resolve disputes take. The Texas State Board of Examiners of Professional Counselors

At 512-834-6628 works to protect the public from unethical professional behavior or behaviors which violate the rules and practice for professional counselors.

This counselor practices under the ethical guidelines as established by the Texas State Board of Examiners of Professional Counselors. I have the right to read a copy of this code of ethics.

The right to permit information to be released with a signed authorization, indicating what material will be released for what reasons, and to what party.

The right to know all about the therapists experience and training.

The right to discuss my therapy with anyone I choose including another therapist.

The right to know all about the terms of therapy, such as its' cost, appointment times, privacy issues, and so on.

The right to have any therapy procedure or method explain to me before it is used.

The right to make a complaint with the licensing board at the phone number above.

The right to refuse any test, evaluation, or therapy of any kind.

I understand that I may stop treatment at any time, however, there may be legal consequences if I have been ordered to come to be evaluated or to come to therapy by a court.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

NOTICE OF PRIVACY PRACTICES

Revised 11-15-15

Page 1 of 4

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

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

NOTICE OF PRIVACY PRACTICES

Page 2 of 4

Revised 11-15-15

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse and Neglect

Judicial and Administrative Proceedings

Emergencies

Law Enforcement

National Security

Public Safety (Duty to Warn)

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

NOTICE OF PRIVACY PRACTICES

Page 3 of 4

Revised 11-15-15

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to our Privacy Officer Cynthia Denise Porter, at the address and phone number above:

- **Right of Access to Inspect and Copy.** Your right to inspect and copy PHI will be restricted to a summary of treatment. We may charge a reasonable, cost-based fee for copies of records sent to others.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

OVER THE RAINBOW PSCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

NOTICE OF PRIVACY PRACTICES

Revised 11-15-15

Page 4 of 4

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Cynthia Denise Porter, our Privacy Officer, at the address and phone number above, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Page 1 of 2 **WHAT TO EXPECT FROM YOUR LICENSED PROFESSIONAL COUNSELOR**

From the Texas State Board of Examiners of Professional Counselors – Mail Code 1982 P.O. Box 149347 Austin, Texas 78714-9347 Phone: (512) 834-6658 Fax: (512)834-6677 Email: lpc@dshs.state.tx.us Web site: <http://www.dshs.state.tx.us/counselor/default.shtm>

If you make statements that indicate you intend to harm yourself or others, your LPC may report that information to medical or law enforcement. There are other similar situations that your counselor should discuss with you before or during the initial session. Apart from these rare circumstances, however, you can be assured that the only people who will have access to your records or statements are those for whom you have given written consent. This privacy gives you the freedom to speak openly and honestly with your counselor about your thoughts and feelings. Parents have a right to receive progress reports on their child's counseling. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. Young people will not confide in a counselor if they believe that personal information will be revealed to their parents. You have a right to a copy of your own counseling records. This right is guaranteed under state law (Texas Health and Safety Code, Chapter 611.) You may be charged a reasonable fee for a copy of your records. Certain portions of your record may be withheld from you for a period of time for specific reasons as described in the law. You may read the text of this law through a link at the board's web site.

No Sexual Activity: Counseling, by its very nature, often deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you, free from any kind of exploitation. The board does not tolerate sexual misconduct by professional counselors. An LPC is prohibited from engaging in sexual contact, sexual exploitation, or therapeutic deception with a client or a former client. Such misconduct constitutes grounds for revoking a counselor's license.

Maintaining a Professional Relationship Your relationship with your counselor should be strictly professional in nature. For example, an LPC is not allowed to invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to do office work. These examples are called "dual relationships" and are unethical. If you seek counseling with a personal friend, or someone with whom you already have a business or other

OVER THE RAINBOW PSCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Page 2 of 2 **WHAT TO EXPECT FROM YOUR LICENSED PROFESSIONAL COUNSELOR**

type of relationship, the LPC must refer you to another mental health professional. Your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility. Even after your counseling has been completed, your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility.

More Information: Visit the board's web site for more information about licensed professional counselors. From this site, you may view or print the state laws and board rules that govern the provision of counseling services in Texas.

A Final Word: Much of the success of your counseling experience depends on you. You are most likely to reap benefits from counseling if you are motivated, honest, and willing to work at self-improvement and self-awareness.

If you have a complaint or concern, speak first to your counselor. If you are not able to resolve the problem, you can file a consumer complaint with the board. You may call our toll-free complaint hotline at (800) 942-5540 or contact us in writing or by e-mail at the addresses shown on the front of this brochure.

This brochure is for general informational purposes and does not constitute a legal agreement between any person and The Texas State Board of Examiners of Professional Counselors (the board). All of the information provided is believed to be accurate and reliable; however, the board assumes no responsibility for any errors. This information is not copyrighted; you are welcome to copy and distribute this brochure.

Complaints should be directed by phone to the LPC Board Office 512-834-6658. Complaint Hotline: 1-800-942-5540