

## **FREE YOUR MIND THERAPY SERVICES, LLC**

4300 BAYOU BLVD. SUITE 21 PENSACOLA, FL 32503 850-637-7033 /  
FREEYOURMINDTHERAPYSERVICES@GMAIL.COM

### **Informed Consent**

This document contains important information, which you should be aware of prior to your first appointment. Please discuss any questions or concerns you may have with Lisa.

### **Services**

Free Your Mind Therapy Services, LLC provides individual, family, couple, and group counseling. Lisa Poissant, Licensed Mental Health Counselor (LMHC), Certified Grief Counselor (CG-C) can only counsel within the scope of her practice. If it is determined that a client would be better served by a different provider, then appropriate referrals will be made.

### **Counseling Process**

Mental health counseling is a complicated process that offers benefits and can also pose risks. There are no guarantees about what you will experience. Counseling may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. Counseling involves a significant commitment and you should feel comfortable with the therapeutic relationship. If you feel that Free Your Mind Therapy Services, LLC is not a good fit for you, a recommendation to another mental health professional can be made. It is encouraged that you address these concerns openly in session, as the exploration is often beneficial to treatment.

### **Confidentiality**

Counseling involves the disclosure of sensitive, personal information. Communication between a client and mental health counselor is

protected by law. Release of information to others about our work together is only done with your written permission. The following are exceptions (for more details please read Notice of Privacy Practices):

**Harm to Self:** If there is reason to believe you are in danger of physically harming yourself and/or you are unwilling or unable to follow treatment recommendations, the counselor may seek your admission to a hospital and/or contact a family member or another person who may be able to help protect you.

**Harm to Others:** If there is reason to believe you are threatening physical violence against another person and/or there is reason to believe you are a threat to the safety of another person, the counselor may be required to take some action (such as contacting the police, notifying the potential victim, securing hospitalization, or some combination of these actions) to ensure the other person is protected.

**Abuse of Child or Dependent Adult:** If there is reason to believe a child or dependent adult is being abused, the counselor is legally obligated to report the situation to the appropriate state agency.

**Consultations with Other Professionals:** It is often helpful to consult about clinical work with other professionals who are also legally bound to maintain confidentiality. Your identifying information will never be provided in these situations.

**Courts:** A counselor may be ordered to testify in legal proceedings and/or turn over records if lawfully issued by subpoenas and court orders.

**Insurance:** If you choose to work with your insurance company for out-of-network reimbursement, they may require confidential information for billing purposes. **Minors:** If you are under eighteen years old, please be aware that while the specific content of our communication will remain confidential, your legal guardian(s) have the right to receive general information on how your treatment is proceeding.

## **Consent for Release of Information**

If any person or organization, other than you, contacts Free Your Mind Therapy Services, LLC inquiring about attendance, diagnosis, and/or treatment progress, they will be given no information. If you would like information released to anyone, you must sign a release form specifically indicating what you do and do not wish to be released and to whom. Once this information is released, Free Your Mind Therapy Services, LLC cannot assume responsibility for how the information is handled and therefore cannot guarantee confidentiality.

## **Professional Records**

All counseling records are kept in password-protected documents and/or under lock and key. Free Your Mind Therapy Services, LLC is the owner of all records. Records will not be released without your written permission except as mandated by law. You are entitled to receive a copy of your records at your written request, unless the counselor professionally believes seeing them could be emotionally harmful to you. If you request your records, it is recommended that you and your counselor review them together to discuss their content. If you are denied access to your records you may appeal that decision to the Florida Department of Health.

## **Communication**

Free Your Mind Therapy Services, LLC has sole access to records. All records of communication, written or verbal, between client and counselor remain the property of Free Your Mind Therapy Services, LLC. Verbatim material from counseling sessions remain in the client record and should never be revealed publicly by the client or counselor unless both client and counselor agree. Voicemails, emails, faxes, instant messages, and video chats with Free Your Mind Therapy Services, LLC are kept in the highest confidentiality within the limits of the technology, but confidentiality cannot be guaranteed. Please know that unless both

parties are on landline phones the conversation may not be confidential. Any computer files kept regarding counseling communications are maintained using secure measures. Free Your Mind Therapy Services, LLC does not respond to personal and clinical concerns via regular email. If email communication is deemed necessary for your counseling, encrypted email accounts must be created for that purpose.

### **Initial Consultation**

There will be an initial consultation session to determine the best approach toward your counseling. During this session we will discuss the reason you are seeking counseling, some background information, and if Free Your Mind Therapy Services, LLC is the right fit for your needs. In more involved cases, including complex histories and larger families, there may be two consultation sessions to ensure the proper treatment recommendations are made.

### **Fees**

Individual counseling sessions are \$80 per 50-minute individual session. Extended sessions are usually recommended for couples and family work and can sometimes be helpful for individual therapy, as well. A 90 minute individual session is \$100 per session. For a couples 50 minute 2 person session, the fee is \$100. For a 90 minute 2 person session session the fee is \$155. If you believe a modified session length would be appropriate for you, please discuss this with your therapist. Paying by cash or check allows a discount of \$4 for a 50-minute individual session and \$5 for a 90-minute individual session and \$7.75 for a 2 person 90 minute session.

For a copy of clinical records, there is an administrative fee of \$25 for the first twenty pages and 50¢ for each page thereafter along with a reasonable fee for the cost of mailing, shipping, or delivery. If you become involved in legal proceedings that require my participation (this is very rare), you will 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. Free Your Mind Therapy Services, LLC charges \$206 per hour for preparation and attendance at any legal proceedings. Free Your Mind Therapy Services, LLC fee structure is reviewed quarterly. If any changes are made, Free Your Mind Therapy Services, LLC will notify you at least one month before changes become effective.

### **Distance Counseling/ADA Accessibility**

Distance counseling includes phone sessions and online communication (email, text, instant message, and video chat). Your therapist will discuss with you if distance counseling is an appropriate treatment option. It is not recommended in all cases. Distance counseling is a different experience compared to in-person sessions. There can be a lack of face-to-face interactions; lack of non-verbal communication including visual and audio cues often relied on in personal communication; and issues regarding technology failure. However, it may be appropriate in situations of accessibility issues, such as disability or being bedridden. If distance counseling is deemed appropriate and necessary, benefits, limitations, and boundaries surrounding distance counseling will be discussed. Fees and payment will be discussed prior to beginning distance services.

### **Payment**

All fees are due at the time of each session. Acceptable forms of payment are cash, personal check, major credit card, or HSA/FSA card. If a personal check is denied due to insufficient funds, you are responsible for the session fee plus any fees incurred by Free Your Mind Therapy Services, LLC due to the denial.

### **Insurance**

Free Your Mind Therapy Services, LLC is an out-of-network insurance provider. If you have insurance with out-of-network coverage, your insurance provider may reimburse a percentage of the counseling fee

directly to you. It is your responsibility to inquire from your insurance company if you have out-of-network coverage, as well as coverage and limitations, for mental health counseling. Upon request, you can be provided with a monthly statement or “Super Bill” for submission to your insurance provider. Please remember that your insurance company may require clinical records for reimbursement justification and will require a mental health diagnosis.

### **Late Cancellation/No Show Fees**

All sessions are by appointment only. Cancellations must be made *at least 48 hours in advance of the scheduled session. You are responsible for the full session fee* if you miss a session or cancel within 48 hours of the scheduled appointment. A missed appointment is not eligible for out-of-network reimbursement. The late cancellation/no-show fee will be charged to your credit card on file at the time of the missed session.

### **Emergency Services**

Free Your Mind Therapy Services, LLC does not provide emergency services. All phone messages and emails will be checked daily unless otherwise stated but are not for use in an emergency. In an emergency, please call 911 or report to your local emergency room.

### **Contingency Services**

If Free Your Mind Therapy Services, LLC were to become unable to provide therapy services, for reasons such as severe illness or death, and you have an upcoming appointment scheduled, Justin Poissant, DO, FAAFP will contact you to advise of the situation and offer a list of mental health professionals in the Pensacola area.

### **Credentials**

Lisa Poissant has a Master of Art in Clinical Mental Health Therapy from Adams State University, Alamosa, CO. She is licensed in the State of Florida through the Florida Board of Clinical Social Work, Marriage

& Family Therapy, and Mental Health Counseling as a Licensed Mental Health Counselor (LMHC #MH13988). You may verify these credentials here: <http://apps.mqa.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP> Free Your Mind Therapy Services, LLC is also a registered **business with Escambia County**.

## **Social Media Policy**

The following outlines Free Your Mind Therapy Services, LLC office policies related to use of Social Media. Please read it to understand how the company conducts itself on the Internet as a mental health company and how you can expect Lisa to respond to interactions that may occur between us on the Internet. Please discuss any questions or concerns you may have with Lisa.

**Separate Accounts:** Lisa Poissant, LMHC, GC-C holds separate and isolated accounts to be used for the sole purpose of professional matters regarding Free Your Mind Therapy Services, LLC. These accounts are separate from any personal accounts held by Lisa Poissant as an individual.

**Email and Text Messages:** Please use email and text messaging to contact Lisa for administrative reasons only (modifying appointments, billing information, etc.). Please do not send content related to our counseling sessions, unless otherwise discussed. Email and text communication are not completely secure or confidential. Any emails or text messages I receive from you and any responses I send to you become a part of your legal record.

**Appointment Reminders:** Reminders will be sent by text the day before your appointment. Please confirm your appointment or contact Lisa Poissant at that time if you need to cancel your appointment. ***Failure to receive an appointment reminder does not negate your responsibility of keeping your appointment or cancelling within the 48-hour cancellation window.***

**Friending:** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends on these sites can compromise your confidentiality and our therapeutic relationship.

**Following:** I will not follow any client on Twitter, Instagram, blogs, or other apps/websites. If there is content you wish to share from your online life, please bring it into our sessions where we can explore it together.

**Search Engines:** It is not a regular part of my practice to search for clients on Google, Facebook, or other searchable sites. An exception could be during a crisis. If I have reason to suspect you are a danger to yourself or others and I have exhausted all other reasonable means to contact you and/or your emergency contact, then I may use a search engine for information to ensure your welfare. If this ever occurs, I will fully document the search and discuss it with you at your next session.

**Location-Based Services:** Please be aware if you use location-based services on your mobile phone you may compromise your privacy while attending session at my office. My office is not a check-in location on various sites such as Foursquare, however it may be found as a Google location. Enabled GPS tracking makes it possible for others to surmise you are a counseling client due to regular check-ins at my office location.

## **Complaints**

If you believe Free Your Mind Therapy Services, LLC has violated your privacy rights, you have the right to file a complaint by contacting the Florida Department of Health by phone at 850-245-4339 or by mail at Department of Health, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida, 32399-3260.



## HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective December 1, 2017.

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”). Free Your Mind Therapy Services, LLC only releases information in accordance with state and federal laws and the ethics of the counseling profession.

### **Commitment to Your Privacy:**

Free Your Mind Therapy Services, LLC is required by law to provide you with this notice that explains the privacy practices with regard to your medical information and how Free Your Mind Therapy Services, LLC may use and disclose your protected health information (PHI). Your health records are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In conducting business, Free Your Mind Therapy Services, LLC will create records regarding you and the treatment and services provided to you. Free Your Mind Therapy Services, LLC is required by law to maintain the confidentiality of health information that identifies you. Free Your Mind Therapy Services, LLC is also required by law to provide you with this notice of its legal duties and the privacy practices that is maintained in the practice concerning your PHI. By federal and state law, Free Your Mind Therapy Services, LLC must follow the terms of the Notice of Privacy Practices that the company has in effect at the time.

I realize that these laws are complicated, but I must provide you with the following important information; How Free Your Mind Therapy Services, LLC may use and disclose your PHI, your privacy rights in

your PHI, Free Your Mind Therapy Services, LLC obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by Free Your Mind Therapy Services, LLC. Free Your Mind Therapy Services, LLC reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that Free Your Mind Therapy Services, LLC has created or maintained in the past, and for any of your records that Free Your Mind Therapy Services, LLC may create or maintain in the future. You may request a copy of the most current Notice at any time.

If you have questions about this Notice, please contact:  
Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21,  
Pensacola, FL. 32503, or by calling 850-637-7033

### **Uses and Disclosures of PHI**

- The following categories describe the different ways in which Free Your Mind Therapy Services, LLC may use and disclose your PHI.
- Treatment: Free Your Mind Therapy Services, LLC may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. Free Your Mind

Therapy Services, LLC may also disclose your health information to other healthcare providers who may be treating you. For example, if a psychiatrist is treating you, Free Your Mind Therapy Services, LLC can disclose your PHI to your psychiatrist to coordinate your care. Additionally, Free Your Mind Therapy Services, LLC may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

**Payment:** Free Your Mind Therapy Services, LLC may use and disclose your PHI to bill and collect payment for the services provided to you. For example, Free Your Mind Therapy Services, LLC might send your PHI to your insurance company or health plan to get paid for the health care services that have been provided to you. Free Your Mind Therapy Services, LLC may also provide you PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims.

**Health Care Operations:** Free Your Mind Therapy Services, LLC may use and disclose your PHI to support and operate the practice. For example, Free Your Mind Therapy Services, LLC may use your PHI to review and evaluate your treatment and services or to evaluate therapist performance while caring for you. In addition, Free Your Mind Therapy Services, LLC may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for Free Your Mind Therapy Services, LLC.

**Appointment Reminders:** Free Your Mind Therapy Services, LLC may use and disclose your PHI to contact you as a reminder about scheduled appointments or treatment.

**Treatment Alternatives:** Free Your Mind Therapy Services, LLC may use and disclose your PHI to tell you about or recommend possible alternative treatments or options that may be of interest to you.

**Others Involved in Your Care :** Free Your Mind Therapy Services, LLC may use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

**As Required by Law:** Free Your Mind Therapy Services, LLC may use and disclose your PHI when required to by federal, state, or local law.

## Use and Disclosure of PHI in Special Circumstances

The following describe unique scenarios in which Free Your Mind Therapy Services, LLC may use or disclose your PHI.

**Public Health Risk:** Free Your Mind Therapy Services, LLC may use and disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of;

Reporting suspected child or elder abuse or neglect,

Preventing or controlling disease, injury or disability,

Notifying a person regarding potential exposure to a communicable disease, Notifying a person regarding a potential risk for spreading or contracting a disease or condition.

Reporting reactions to drugs or problems with products or devices, Notifying individuals if a product or device they may be using has been recalled, Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, therapist will only disclose this information if the client agrees or therapist is required or authorized by law to disclose this information,

Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Health Oversight Activities:** Free Your Mind Therapy Services, LLC may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings: Free Your Mind Therapy Services, LLC may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. Free Your Mind Therapy Services, LLC also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement: Free Your Mind Therapy Services, LLC may release PHI if asked to do so by a law enforcement official:

Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,

Concerning a death we believe has resulted from criminal conduct,

Regarding criminal conduct at our offices,

In response to a warrant, summons, court order, subpoena or similar legal process, To identify/locate a suspect, material witness, fugitive or missing person.

In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Military: Free Your Mind Therapy Services, LLC may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security: Free Your Mind Therapy Services, LLC may disclose your PHI to federal officials for intelligence and national security activities authorized by law. Free Your Mind Therapy Services, LLC also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

Inmates: Free Your Mind Therapy Services, LLC may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation: Free Your Mind Therapy Services, LLC may release your PHI for workers' compensation and similar programs.

### **Your Rights Regarding Your PHI**

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

Confidential Communications: You have the right to request that Free Your Mind Therapy Services, LLC communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503, 850-637-7033 specifying the requested method of contact, or the location where you wish to be contacted. Free Your Mind Therapy Services, LLC will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions: You have the right to request a restriction in Free Your Mind Therapy Services, LLC use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that Free Your Mind Therapy Services, LLC restrict their disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends.

Free Your Mind Therapy Services, LLC is not required to agree to your request; however, if therapist does agree, therapist is bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in therapist use or disclosure of your PHI, you must make your request in writing to Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503. Your request must be described in a clear and concise manner:

- The information you wish restricted,
- Whether you are requesting to limit the practice's use, disclosure or both,
- To whom you want the limits to apply.
- Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503, in order to inspect and/or obtain a copy of your PHI. Free Your Mind Therapy Services, LLC may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Free Your Mind Therapy Services, LLC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by Free Your Mind Therapy Services, LLC will conduct reviews.

- Amendment : You may ask Free Your Mind Therapy Services, LLS to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Free Your Mind Therapy Services, LLC. To request an amendment, your request must be made in writing and submitted to Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503. You must provide Free Your Mind Therapy Services, LLC with a reason that supports your request for amendment. Free Your Mind Therapy Services, LLC will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, Free Your Mind Therapy Services, LLC may deny your request if you ask therapist to amend information that is in therapist opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by Free Your Mind Therapy Services, LLC, unless the individual or entity that created the information is not available to amend the information.
- Accounting of Disclosures: All Free Your Mind Therapy Services, LLC clients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine client care with Free Your Mind Therapy Services, LLC is not required to be documented. For example, the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Free Your Mind Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is



free of charge, but Free Your Mind Therapy Services, LLC may charge you for additional lists within the same 12-month period. Free Your Mind Therapy Services, LLC will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of this Notice:** You will be given a digital or paper copy of this notice upon initiation of services. You may ask therapist to give you a copy of Free Your Mind Therapy Services, LLC Policy Notice at any time. To obtain a paper copy of this notice, contact Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Free Your Mind Therapy Services, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Free Your Mind Therapy Services, LLC, contact Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd., Pensacola. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures:** Free Your Mind Therapy Services, LLC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to Free Your Mind Therapy Services, LLC regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, Free Your Mind Therapy Services, LLC will no longer use or disclose your PHI for the reasons described in the authorization. Please note: Free Your Mind Therapy Services, LLC are required to retain records of your care.

## **Privacy Officer Information**

If you have any questions regarding Free Your Mind Therapy Services, LLC notice of privacy policies, complaints about Free Your Mind Therapy Services, LLC privacy practices, or need information on how to file a complaint, please contact Free Your Mind Therapy Services, LLC, 4300 Bayou Blvd. Suite 21, Pensacola, FL 32503, 850-637-7033.