



Circle of Love Counseling & Care, 501c3

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Disclosure Statement

The State of California requires that clinicians provide their clients with certain information about the Pastoral Counseling/Spiritual Counseling that you will be receiving. Please take the time to read this page carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. Signing this form indicates you agree to and understand the policies of Circle of Love Counseling & Care.

As a board certified pastoral counselor, I endeavor to integrate sound psychological, medical, and spiritual principles in your treatment. You are entitled to receive information from me concerning the methods and techniques used, an estimation of the duration of your sessions, fee structure, risks and benefits of counseling, confidentiality, and access to records. You may seek a second opinion from another clinician and/or terminate therapy at any time.

Everyone fifteen (15) years and older must sign this disclosure. A parent or legal guardian with the authority to consent to mental health services for their minor children must sign this disclosure on behalf of their minor child under the age of fifteen (15) years old. This disclosure statement contains the policies and procedures of Circle of Love Counseling & Care, LLC and is HIPPA compliant. No medical or psychotherapeutic information, or any other information related to your privacy will be revealed without your permission unless mandated by California law and Federal Regulations (42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164).

You, as a client, may revoke your consent to treatment, release of confidential information, or disclosure in writing at any time during counseling.

EDUCATION AND EXPERIENCE

Kimberly "Kim" Coney graduated from Arizona State University in December of 2002 with a Bachelor of Arts Degree in Education. Kimberly worked in the school district teaching ESL (English as a Second Language) and regular English in the Phoenix Union High School District for 11 years before being accepted into graduate school in 2007. Kimberly received her Masters of Divinity with a concentration of Pastoral Counseling in June 2014. She also completed a Resident Chaplaincy Certificate of Completion from UCLA Santa Monica Medical Center in 2015. Additionally, she accomplished 4 units of Clinical Pastoral Education with the Association of Clinical Pastoral Education. Kimberly also received a

Certificate of Completion at UCLA Ronald Reagan UCLA Medical Center for Advanced Clinical Residency in Professional Chaplaincy on August 26, 2016. Kimberly was ordained at the Living Word Bible Church on November 12, 2011 as Pastor. In 2017 Kimberly became a Board Certified Pastoral Counselor and began Circle of Love Counseling & Care, LLC. She is currently a Chaplain at UCLA Santa Monica Medical Center.

Scheduling Policies

Standard counseling sessions are based on 60-minute clinical hours. To Schedule an appointment 310-962-5947 Monday through Saturday, 9 am to 5 pm. After hour appointments can also be made on evenings and weeknights.

Payment Policies: *Please read and INITIAL each item:*

___ **1. PAYMENT IS DUE ON THE DAY OF YOUR COUNSELING SESSION.**

___ **2. Fees are \$100.00 per hour for individuals and \$150.00 per hour for couples or family counseling.** Reduced fees may be available if financial need exists these arrangements need to be made in advance with Kimberly Coney. Sessions that exceed the pre-determined time will be charged at a prorated basis of the normal hourly fee.

___ **3. The full session fee is charged for MISSED appointments and cancellations, excluding emergencies and illness, not made 48 HOURS in advance.**

___ **4. Circle of Love Counseling & Care is out-of-network coverage for insurance companies; therefore, it is the client's responsibility to file with their insurance provider for reimbursement.** After full payment, at the time of service, Kimberly will provide an itemized statement for you to file with your insurance. If insurance does not reimburse as anticipated, it is the client's responsibility to address the issue with their insurance provider.

___ **5. Fees for auxiliary services are pro-rated and charged at the regular hourly session fee.** This includes (not limited to) written reports, insurance correspondence, **phone calls exceeding 10 minutes**, and school meetings (including travel time). Fees for court case preparation and appearances could have a substantially higher hourly rate.

EMERGENCY CONTACT

For emergency contact please call 310-962-5947. Calls longer than 10 minutes will be charged accordingly (see above #6).

IF YOU ARE EXPERIENCING A LIFE-THREATENING EMERGENCY, CALL 911 OR GO TO THE NEAREST HOSPITAL EMERGENCY ROOM AND CONTACT YOUR COUNSELOR FROM THERE.

YOUR RIGHTS AND INFORMATION

The information provided by and to a client during counseling sessions is legally confidential if the therapist is a certified school psychologist, a licensed social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or a registered psychotherapist. If the information is legally confidential, the pastoral counselor cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, a registered psychotherapist, or a certified/licensed addiction counselor is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of California without the consent of the person to whom the testimony sought relates.

There are exceptions to this general rule of legal confidentiality. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided under the California Law. These are exceptions that your counselor will identify to you as the situations arise during treatment or in your professional relationship. For example, your counselor is required to report child abuse or neglect situations, is required to report the abuse or exploitation of an at-risk elder or the imminent risk of abuse or exploitation. **As your counselor if I determined that you are a danger to yourself or others, I am required to disclose such information to the appropriate authorities or to warn the party you have threatened.** If you become gravely impacted during your session, as your counselor I am required to report this to the appropriate authorities. If you confess to a felony or other serious crime, as your counselor I may be required to report that information to the appropriate law enforcement agency. As your counselor, I may also disclose confidential information in the course of supervision or consultation in the investigation of a complaint or civil suit filed against us, or if as your counselor, I am ordered by a court of competent jurisdiction to disclose such information. **You should also be aware that if you should communicate any information involving threat to yourself or others, as your counselor I am required to take immediate action to protect you or others from harm.** In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or California laws and regulations.

Additionally, although confidentiality extends to communications by text, e-mail, telephone, and/or other electronic means, Circle of Love Counseling & Care cannot guarantee that those communications will be kept confidential and/or that a third-party may access your communications. Even though Circle of Love Counseling & Care may utilize state of the art encryption methods, firewalls, and back-up systems to help secure your communication, there is a risk that your electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party.

Lastly, there may be times when your pastoral counselor may need to consult with a colleague or another professional, like an attorney or supervisor, about issues raised by you in therapy. Your confidentiality is still protected during consultation by your counselor and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives your therapist permission to consult as needed to provide professional services to you as a client.

You understand that this form is compliant with HIPAA regulations and no medical or therapeutic information or other information related to your privacy, will be released without permission unless mandated by California law as described in this form. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date. You understand that you have received Circle of Love Counseling & Care, Notice of Privacy Policies and Practices and Compliance with HIPAA Regarding Confidentiality of Client Records and Dissemination of Information, and acknowledge receipt of the policy.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, your counselor’s role is not to make recommendations to the court concerning custody or parenting issues. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

Under California law, If the minor consents or could have consented to care, the provider only may share the minor’s medical information with parents or guardian with the signed authorization of the minor. Cal. Health & Safety Code 123110 (a.) 123115 (a) Cal. Civ. Code 56.10(b) (7), 56.11 (c); 45 C. F. R. 164.502(g) (3); 45 C. F. R. 164.508(a). If you request treatment information your counselor may provide you with a treatment summary in compliance with California law and HIPAA Standards.

Your signature below affirms that your counselor has provided the preceding information to you in writing. You understand your rights as a client and should you have any questions, you will ask your counselor. By signing below, you are also acknowledging that the pastoral counseling you are receiving is being conducted as part of a spiritual ministry and that as a member of clergy that I am not a registered psychotherapist, however, I am a board certified pastoral counselor and an ordained minister of the Non Denominational Church.

_____ / /
Name of Client (s) **Date**

_____ / /
Signature of Client(s) or Legal Guardian **Date**

_____ / /
Signature of Counselor **Date**

Kimberly Coney MDIV, BCPC
Circle of Love Counseling Care Center
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