

Professional Disclosures

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Professional Disclosures Counseling Office of Randy L. Crownover, LMFT, LLC My Approach to Therapy

Before we begin therapy, I want you to know about my education, training, and how I approach the work we will do. Below, I've outlined three things that are important for you to know.

I am Licensed Marital and Family Therapist (LMFT) in the State of Oklahoma. I have received a Master of Arts in Marital and Family Therapy (MAMFT) from Southern Nazarene University (2003), passed written and oral exams required by the State of Oklahoma, and successfully completed at least 3000 hours of clinical work under supervision of an approved LMFT supervisor to receive my license.

I was the Youth Guidance Supervisor at Oklahoma County Juvenile Detention Center, Oklahoma City, Oklahoma and worked in admissions, therapist in the Resident Treatment facility, and therapist in the adult Psychiatric Unit at Cedar Ridge Psychiatric Center, Oklahoma City. I entered private practice in 2010.

Systems Approach

Your attitudes, thoughts, moods, and behaviors are the products of interactions within and around you. Those interactions are relationships to which you contribute by your own choices. Those relationships form systems of interactions back and forth between you, your internal realities, and the realities of the world around you. If one part of the system changes (such as your choices), the whole system must adapt. If you are having problems inside your systems, then changing your choices and behaviors will change your problems. This means several things.

First, you can treat your problems as something separate and apart from yourself.

Second, while you are responsible for your choices, problems themselves belong to the system. You can only do your part to effect change.

Third, by viewing problems as "outside" yourself, you can see aspects of yourself and/or your problems that free you to develop different understandings and approaches to solving the problems that bother you.

Narrative Focus

How you speak about your problems, the contributions to your problems, and your capacities to deal effectively with your problems shapes your responses to your problems.

By focusing on your language about your problems you can gain insight into how you understand and address those problems. You can then step back and see things you may have missed or misunderstood about your problems. You can also begin to change the way you think (an internal narrative) and speak and act (externalized narratives). These changes can then help you better address your problems and develop more satisfactory solutions.

What Contributes to Your Narrative

Narratives (the way you think, speak, and act) do not develop in a vacuum. Several realities can contribute to your choice of narratives including:

- your preferences of how you get your energy, process information, make choices, and related to the world
- biomedical realities such as ADHD
- memories and associated feelings about past events, and
- habits you have formed during your life.

Understanding the realities contributing to your narratives helps you better understand your narratives and develop more helpful alternatives.

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Religious and Spiritual Matters

I am proud of my background and training as an ordained minister. I also want my clients to be clear about my religious past and my commitments to therapy.

My therapy practice is based on research, not religious beliefs.

While my background and training provide me with a foundation to understand a broad spectrum of religious (particularly Christian) thought and expression, my therapy is based on research.

I seek to remain spiritually sensitive and religiously aware. With your permission, I will seek to honor and utilize your spiritual resources and your religious understandings to achieve your personal goals in therapy. However, I am clear there are times that the research and one's religious beliefs clash. Should that become the case, I will discuss your religious understandings, suggest potential alternative understandings that might be more compatible with what we know from research, then refer you to the religious practitioner of your choice to decide what religious beliefs you might choose to retain.

You are ultimately entitled to believe as you choose. My practice will remain committed to sharing those alternatives best supported by research.

Approaches to Therapy Provided

In addition, I want you to be aware of how I might work with you depending on the type of therapy you are receiving.

Individual Therapy

I like to listen to your problems and begin the process of understanding those features that might most contribute to what bothers you. I'll spend time listening to what's helped you in the past and the strengths you have now to help you with whatever bothers you. I'll ask you about your general health and medications you might be taking. I will also ask you about your past and how things that happened to you as you grew up might influence what's happening now.

I will listen to how you talk about your problems and your life. Often, individuals have developed habits of thinking and talking that get in their way. Sometimes simply changing the way you talk about your problems changes the way that you think, feel, and act about yourself and the problems you experience.

In some cases, you might benefit from medications. If medication might be helpful, I'll discuss what I know about medications and how they might help. I'll always refer you to a medical doctor or other appropriate professional to check to see if and what medication might help.

If you are married or in a significant relationship, I may ask you to include your spouse or partner at least from time-to-time to increase the benefits of therapy and to protect and strengthen your relationship.

Couples Therapy

I will listen to your problems and begin the process of understanding those features that might most contribute to what bothers you and your partner. I'll spend time listening to what's helped you in the past and the strengths both of you now have to help you with whatever bothers you. I'll ask each of you about your general health and medications you might be taking. I'll also ask you about each of your pasts and how things that happened to you as you grew up might influence what's happening now.

I will also listen to how you as individuals talk about your problems and your life. Often, individuals and couples have developed habits of thinking and talking that get in their way. Sometimes simply changing the way you talk about your problems changes the way that you think, feel, and act about yourself and the problems you experience.

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In some instances, one or both of you may need to work on individual issues that get in the way of reaching your relationship goals. In those instances, I may encourage or require you to address those issues in individual therapy with a therapist other than myself.

Disclosure of Use of Electronic Media

Counseling Office of Randy L. Crownover, LMFT, LLC

Thank you for choosing my services. Your trust is important to me. I, therefore, want you to be aware of the steps I take to insure the privacy of your Personal Health Information (PHI) while in electronic form. Please note, for security reasons I have chosen to restrict details of my system to reduce the risk of attempts to compromise your information.

This disclosure is intended to be a summary. Should you have more detailed questions, please contact me directly.

HIPPA Compliance

The privacy of your PHI is addressed by Federal and State regulations with which I must comply. Those regulations include standards for PHI managed and stored on electronic media. A detailed explanation of these standards is beyond the scope of this document. Standards vary depending on the media utilized and the function fulfilled. In short, information managed and stored on computers either locally (as in my office) or remotely (on another service device often referred to as “The Cloud.”) have more strict rules and standards than cell phones and text messages.

Computer based systems whether local or remote are required to have “end-to-end” security. This means that all PHI be managed only by those people authorized by me to manage your information, that the computers and storage devices employ the highest-level encryption (one of several methods of managing data on a device that makes it most difficult for an unwanted person to access the affected information), and, only those persons authorized by me have access to that information.

Authorized Individuals

My office manager and I are the only members of my organization who has access to your PHI at our location. HIPPA grants privilege to access client PHI only after signing and complying with a Business Associate Agreement (BAA). Other authorized individuals may include accounts, tax preparers, and additional services that I may associate with for business purposes in the future. A BAA essentially requires those persons to comply with the same standards of security for a BAA as I must observe.

System Choice

I utilize Apple computers and associated products as the foundation for my electronic media system. Apple affords a highly effective and integrated system known for its commitment to data security. I utilize strong encryption on all associated networks including passwords to log in to the networks and all electronic devices I control. I further utilize firewalls where available. The system I utilize includes computers, tablets, and phones. I also backup all data regularly on an external device utilizing strong encryption software.

Currently I utilize an Apple iMac 24” (2021) computer as my primary computer. I also utilize a 2018 iPadPro for remote work including Receipts and Progress Notes in TheraNest. I regularly update the associated

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operating systems to ensure maximum up-to-date security. Both devices utilize password security. I also utilize fingerprint security on my iMac and facial recognition security on my iPadPro.

While I run regular security checks on my iMac, I do not utilize an antiviral protection as it is deemed unnecessary to the operating systems and degrades performance. I do make regular sweeps for malware to ensure security.

Additional software

I utilize a database to maintain PHI including demographic information, clinical information, and financial information on all devices. Strong encryption is utilized to maintain all PHI including encrypted databases and accounting software. All other information is secured in a separate encryption program utilizing the highest standards of encryption available. I also utilize a strong program to ensure copies of your files no longer necessary on my computer are thoroughly deleted.

TherapySites.com

I maintain a contract with TherapySites.com to provide web hosting for my web page, randy.crownover.com. As part of this agreement, TherapySites.com stores your request information in an encrypted mail service and forwards a notice for your requests for therapy to my business e-mail. Under contract, TherapySites.com maintains the privacy of your correspondence through their site.

Appointment Reminders

I utilize a reminder service provided through TheraNest/TheraBooks. Information is covered by security and BAA agreements as listed below.

E-mails

I offer a secure Client Portal through TheraBook (see below) free of charge to you to provide a secure means to share your PHI via e-mail.

Should you choose to deny my offer of secured e-mail, you may request a waiver of e-mail communications in an appropriately written, signed, and dated notice to me.

I do not provide a method to encrypt client e-mail apart from the Client Portal.

Text Messages

Clients can securely text me at (405) 351-5807. This is the same number used by TheraNest.com to send your appointment reminders.

It is my policy to discourage the use of text messages for any purpose other than communication about appointments except in emergencies.

As of January 1, 2019, I provide an alternative text ability through my reminders service to provide more secure text messaging. My clients may access this service either through texts provided related to your appointment reminders or by texting to (405) 351-5807. Please note, while texting to this number does leave your text on a secured service, transmissions via your phone lines and company servers may still leave your messages exposed to others.

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TheraNest.com

I have contracted with TheraNest.com to:

- provide hosting for electronic medical records including client demographic information and clinical information.
- maintain an appointment calendar and appointment reminder system, and
- a client portal (TheraBook) in which clients can:
 - access and complete all forms related to intake,
 - complete other information that may be necessary from time-to-time,
 - communicate directly with me through e-mail in a closed and secure system.
 - view my appointment schedule and request appointment times,
 - the option to store credit card information that can be used to pay for services.
 - the option to pay for services.
 - Secure texting.

My contract with TheraNest.com ensures that your PHI is secured to meet the highest security standards.

Telehealth Therapy

I utilize video telehealth therapy only. I do not utilize phone or text for therapy except in emergencies to insure I have access to your facial as well as your voice communications.

I utilize GoToMeeting as my primary video telehealth service. GoToMeeting provides high quality, stable, and HIPPA security compliant service to insure both your satisfaction and your security needs.

I back up GoToMeeting with Doxy.me, another well tested and secure program for telehealth. In extreme cases, when system problems prevent an appropriate connection by other means, I will, with your permission, utilize FaceTime. I recognize that, while not officially HIPPA compliant, FaceTime utilizes secure links sufficient to offer both quality service and information integrity. I do not use Skype or other popular forms of video conferencing software as I am unable to ensure their security.

I provide updated information describing minimum standards on my webpage, randycrownover.com, under the tab, "Mental Telehealth".

I require your written consent before engaging in telehealth. That consent is part of your Intake Packet.

I do not record session of any kind. Should I desire to record a session, I will contact you in advance and get your written permission to record. That permission will describe the means of recording your session, the reason for recording your session, how that information will be used, who, if anyone else, will have access to that recording, and how the recording will be destroyed after its purpose has been fulfilled.

Dropbox

I utilize a HIPPA compliant, encrypted version of Dropbox to store written notes (otherwise known as "Session Notes"). These notes are scanned at my desk and saved directly to Dropbox from the scanner.

File Shredder

I use this software to securely delete any information that is stored for any time on my computer including receipts for sessions and other miscellaneous documents that may need to be saved to my computer prior to final storage in an encrypted container (such as specified folders related to your account on Theranest). "File Shredder" deletes files to United States government standards or better.

Limits of Confidentiality

Counseling Office of Randy L. Crownover, LMFT, LLC

All information provided to the Counseling Offices of Randy L. Crownover, LMFT, LLC is subject to federal and state regulations that prohibit the use or sharing of that information. Those laws do, however, provide certain exceptions. Those exceptions are summarized below.

1. As necessary to conduct business: Your Private Health Information (PHI) may be shared as necessary to conduct business. If you are utilizing insurance to pay for therapy, this exception allows me to share ONLY THAT INFORMATION NECESSARY to receive payment. That information generally includes personal identifying information as required by your insurance company that may include your name, home address, Social Security number, and any identifying codes utilized by your insurance provider. This information will also include coding describing the nature of your therapy session (such as individual or family therapy) and a diagnostic code. No other information may be shared. By law, your insurance company cannot share your PHI with your employer.

Your PHI is also used for administrative purposes within my office including, but, not necessarily limited to, filing purposes, billing, accounting, financial and business projections, and appointment setting and reminders. Primarily my administrative assistant/business partner carries out administrative procedures. Other business professionals may be involved as needed after signed agreements of confidentiality legally referred to as a "Business Associate Agreement."

2. If you sign a written release: This indicates what information is to be shared, the purpose of sharing the information, and the duration of time for which information can be shared.

Please note, when adults share information while in a therapy session together they will each be required to sign a release to share that information.

3. If there is a law stating I must share the information: Should information you share in therapy suggest that you might have neglected or abused a child, for example, I am mandated by law to report that possibility to the appropriate authorities.
4. If you state you plan to hurt yourself or someone else: By law we have to report such intent to appropriate authorities, as well as, warn any person(s) you may have verbalized an intent to harm.
5. If a complaint is brought against my license or a civil or criminal action is taken against me: By law I can utilize your PHI ONLY to the extent necessary to defend my license, business, or self.
6. If I receive an order from a Court of Law.
7. I will be glad to discuss your limits of privacy at any time. Please ask if you have any questions about the use of your PHI or the limits of confidentiality.

Rights and Responsibilities
Counseling Office of Randy L. Crownover, LMFT, LLC

AS A CLIENT OF THE COUNSELING OFFICE OF RANDY L. CROWNOVER

YOU HAVE THE RIGHT TO...	YOU HAVE THE RESPONSIBILITY TO...
<ul style="list-style-type: none">• Considerate and respectful care, free of discrimination;• An explanation should a waiting period for services be necessary;• Be notified as far in advance as possible should your appointment need to be rescheduled;• Reasonable privacy when relating your difficulties;• Request reassignment to a different clinician, if necessary;• Refuse treatment to the extent permitted by law and be so informed of the consequences of your actions;• A description of alternate treatment procedures;• Have your records handled in a professional and confidential manner;• Refuse to participate in any surveys or research conducted;• Examine your bill for services and receive an explanation of your bill regardless of the source of payment;• Ask questions about anything you do not understand;• Request reasonable accommodations for special need.	<ul style="list-style-type: none">• Be courteous to staff;• Be on time for all appointments;• Cancel any appointment at least 24 hours in advance;• Relate your difficulties to your clinician as honestly and as completely as possible;• Ask questions about any aspect of your treatment that you do not agree with or understand;• Pay for services as you receive them;• Keep your clinician informed of any changes in your personal situation, such as name, address, phone number or payment sources;• Inform your clinician should you need assistance with a special need;• Inform your clinician if you wish to discontinue your therapy;• Refrain from carrying weapons onto the property;• Attend sessions alcohol and drug free.

Notice of Privacy Practices
Counseling Offices of Randy L. Crownover, LMFT, LLC

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.

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- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

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2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my premises.

6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

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4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

Schedule of Fees for Services

Counseling Office of Randy Crownover, LMFT, LLC

Initial Intake and Assessment (90 minutes)	\$150
45 minutes Psychotherapy (Individual or Family)	\$125
30 minutes Psychotherapy (Individual or Family)	\$80
Consultation per 15 min	\$25
Additional 15 minutes Psychotherapy	\$40
Missed Appointments without 24-hour notice	cost of session
Copying records per page	as charged
Phone consultation per 15 minutes	\$40
Report Preparation per 15 minutes	\$40
Court Ordered Presentation per 15 minutes	\$40
Mileage to and from court	IRS allowable
Presentations for groups per 15 minutes	\$40
Collection of delinquent fees per 15 minutes	\$40
Myers-Briggs Form M Individual	\$25

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Myers-Briggs Form M Couples	\$45
Myers-Briggs Introductory Manual	\$21
Myers-Briggs (other products)	per cost
Myers-Briggs Form M Interpretive	\$30
Myers-Briggs Form M Career Report	\$20
Myers-Briggs Form M Communication Style	\$35
Myers-Briggs Form M Conflict	\$35
Myers-Briggs Form M Stress Management	\$35
Myers-Briggs Form M Decision Making	\$35
Myers-Briggs Form M Healthcare	\$35
Myers-Briggs Form M for Organizations	\$40
Myers-Briggs Form M Personal Impact	\$75
Myers-Briggs Step II Form Q	\$40
Myers-Briggs Form M Team Report	\$35
Myers-Briggs Form M Comparison Workstyles	\$35
Myers-Briggs Report Manuals (price varies per manual)	\$19.95-\$35.00