

**Staci Lea Rocha, M.A., LPC  
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**LIMITS OF CONFIDENTIALITY**

The contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

**Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**Prenatal Exposure to Controlled Substances**

Mental healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to an unborn fetus.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' counseling records.

**Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Staci Lea Rocha, M.A., LPC

## NOTICE OF PRIVACY PRACTICES

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

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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, and your rights concerning your PHI.

- “Use” applies only to activities within my office, such as accessing, sharing, and analyzing.
- “Disclose” Release, transfer, or giving access to information outside my office.

The privacy of your health information is very important to us. 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. The effective date of this is Notice is December 18, 2013. If we change this notice, I will post the revised copy on our website and make available in the waiting area of my office.

For more information about my privacy practices, please contact me using the information contained in Section II.G of this notice.

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### **I. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

#### **A. Permissible Uses and Disclosures without Your Written Authorization**

I may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under state and federal law.

- 1. 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. For example, I may use your PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment, to consult about your care.
- 2. Payment:** We may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits; processing claims with your insurance company; reviewing services provided to you to determine medical necessity; undertaking utilization review activities; or Employee Assistance Program services. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- 3. Health Care Operations:** We may use or disclose, as needed, your PHI in connection with our health care operations, Employee Assistance Programs, quality assessment and improvement activities, medical reviews, business management and general administrative activities in support of our business activities, accreditation, certification, and/or credentialing activities. For example, we may share your PHI with third parties that perform billing services, provided we have a written contract with the business to safeguard the privacy of your PHI. Another example would be document filing by my immediate staff.
- 4. Required by Law:** We may use or disclose PHI when required or permitted to do so by law. For example I may disclose for: Child Abuse; Elderly Abuse; Court Order; disclosures to the Military or National Security Agencies; disclosures to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstances; or disclosure 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.

## **B. Uses and Disclosures Requiring Your Written Authorization**

- 1. Marketing Communications:** I will not use your PHI for marketing communications.
- 2. Other Uses and Disclosures:** Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to: your Life Insurance Company; another Mental Health Professional; your attorney, to a school, or employer. You may revoke any such authorization at any time.

## **II. YOUR INDIVIDUAL RIGHTS**

- A. Right to Inspect and Copy:** You may request access to your medical records and billing records maintained by me in order to inspect and request copies of the records. Under limited circumstances, I may deny access to you records. For example, when there is compelling evidence that access would cause serious harm to you. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible.
- B. Right to Alternate Communications:** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication (i.e. encrypted confidential email, or telephone.), or at alternate locations for a fee.
- C. 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. You must request any such restriction or limitation in writing addressed to the Privacy Officer using the information listed in Section II.G. We are not required to agree to your request.
- D. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures for purposes of PHI made by me after April 14, 2003. Disclosures that are exempted from this right are: Disclosures for treatment, payment, and health care operations; disclosures made to you or disclosures otherwise authorized by you; disclosures to persons involved in your care; disclosures for National Security or Intelligence purposes; disclosures to correctional institutions or law enforcement officials, and is subject to other restrictions and limitations. I will respond within 60 days of receiving your request. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.
- E. Right to Amend:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer using the information in Section II.G.
- G. Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer, Staci Lea Rocha, M.A., LPC at [8015 Vinton Ave Lubbock, TX 79424 (806) 787-0701]. You may also file a complaint in writing 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.**

### ***Accurate Record Keeping and Billing***

Your LPC is required to keep records of your counseling sessions for a period of five years past the last counseling session. These records include dates of treatment, case notes, correspondence, progress reports, and billing information.

Billing to you or your insurance company must be only for services rendered according to your agreement with your counselor. You cannot be billed for appointments that never existed, although you may be billed for appointments that were not cancelled in accordance with your counselor's cancellation policy.

If you are the parent or guardian of a minor who is in counseling, you are entitled to a written summary and explanation of charges.

### ***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 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.

### ***Truthful Advertising***

An LPC is required to be truthful when advertising counseling services to the public. You should receive accurate information regarding your counselor's training and credentials, as well as the scope of what may be accomplished in counseling.

### ***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 (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

Texas Department of State Health Services  
11/13/2013

## ***Texas State Board of Examiners of Professional Counselors***

# **What to Expect from your Licensed Professional Counselor**

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## **Texas State Board of Examiners of Professional Counselors**

**PO Box 149347**

**Austin, Texas 78714**

**Phone: 512-834-6658**

**Fax: 512-834-6677**

**[E-mail: lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us)**

**Web site: [www.dshs.state.tx.us/counselor](http://www.dshs.state.tx.us/counselor)**

### ***Who are Licensed Professional Counselors?***

Licensed Professional Counselors (LPCs) are regulated by the Texas State Board of Examiners of Professional Counselors, a state board whose members are appointed by the Texas Governor to carry out the general oversight of professional counselors in Texas. LPCs provide counseling services in accordance with state law and the board's rules. This includes following the code of ethics that the board has established for the counseling profession.

This brochure is intended to inform you of the ethical conduct that you may expect from your professional counselor.

Your counseling is for you. Everything about the process should focus on enhancing your personal growth and your ability to cope with life's problems. You should expect to be treated with dignity in a professional manner. When you invest yourself in the counseling process, you can experience the satisfaction of working successfully at some of the most important issues in your life. The guidelines established by the Texas State Board of Examiners of Professional Counselors (the board) are aimed at promoting a positive counseling experience.

### ***Valid License***

You may visit the board's web page to view a roster of counselors to determine if a counselor is currently licensed. The web page also contains information about disciplinary actions taken against counselors. If a person's name does not appear on the roster, you should call the board office. Licenses must be renewed every two years, and every month a certain number of licenses expire, it is possible that your counselor's name may not appear on a roster that is posted while your counselor is in the process of license renewal.

### ***Practicing within the Scope of the Counseling Profession***

Your LPC has been trained to provide counseling services. This means assisting you through a therapeutic relationship, using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to achieve your mental, emotional, physical, social, educational, spiritual, or career-related development and adjustment. An LPC may prevent, assess, evaluate, and treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. An LPC may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral.

You may have occasion to ask questions that require legal, medical, or other specialized knowledge. If so, you should seek advice from your attorney or primary care physician or ask your counselor for a referral to a specialist in your area of concern.

### ***Information at Initial Session***

At or before your first counseling session, you and your counselor should discuss general information relating to your counseling relationship, such as:

- ∑ fees for counseling and scheduling, cancellation, and payment policies
- ∑ goals that will guide the counseling process and methods or techniques that will be used during counseling
- ∑ any restrictions under which your LPC may be practicing (for example, whether or not the LPC is under the supervision of another mental health professional)
- ∑ confidentiality aspects of counseling and the circumstances under which something you say would not remain confidential
- ∑ other persons that may be included in the counseling process (for example, a team approach in the counseling office or the involvement of a local minister)

### ***Confidentiality***

Everything you discuss with your counselor remains confidential, with only a few exceptions. You must give signed permission before your LPC can share information with anyone about any aspect of your counseling. If you do give permission, you will have an opportunity to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission. Be sure to read carefully any "Release of Information" or "Consent" form that you may be asked to sign. Be sure to ask any questions that you may have. The common situations requiring a release of information include certain inquiries from insurance companies, a new counselor wanting to use records from a previous counselor to provide continuing care, and collaboration with another agency or professional in your treatment. Sometimes, certain situations override your confidentiality. For example, if you are involved in a criminal case, the judge can order your file to be turned over to the court. If you make statements that a child or an elderly or disabled

person has been abused or neglected, your counselor is required by law to report that information to the appropriate authorities. If you make statements that indicate you intend to harm yourself or others, your LPC may report that information to medical or law enforcement personnel. 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.