

# Informed Consent for Services and Privacy Practices

[HEBAS THERAPEUTICS DOING BUSINESS AS NEW HORIZON THERAPY]

## Informed Consent for Services and Privacy Practices

The therapist you will be seeing is a trained professional and/or a licensed mental health professional that is legally allowed to diagnose and provide psychotherapy services. We adhere to the National Association of Social Workers Code of Ethics and Michigan State laws.

### Confidentiality, Client Rights, and PHI

Our clinic and employees abide by the laws and ethical principles that govern privilege and confidentiality.

- Duty to protect: steps may include notifying appropriate parties or authorities as required by law to protect the client or others when there is a serious threat for physical harm.
- We are legally required to report cases of ongoing child, elder or disabled person abuse if suspicion is present.
- Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.
- Release clinical information if required for authorization, payment of your claim, or quality assurance review.
- Release your records when ordered to do so by court subpoena or court of law.
- Fee disputes between the therapist and the client; collections
- A negligence suit brought by the client against the therapist; or the filing of a complaint with a licensing board or other state or federal regulatory authority.

If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. You are giving consent to the therapist to share confidential information with all persons mandated by law, with the clinic, and the managed payment carrier responsible for providing your mental health care services and payment for those services.

Our clinic hosts students to assist them in completing their practicum. In some cases, this intern will shadow your sessions. All confidentiality and practice policies apply to them.

### Minor Consent, Confidentiality, and Parental Access

Michigan law permits minors age **14 and older** to consent to outpatient mental health treatment without parental consent. When a minor consents to their own treatment, confidentiality will be respected in accordance with state law, HIPAA, and professional ethics.

Parents or legal guardians may have access to certain information related to a minor's treatment, including billing and insurance information, and may be considered the minor's personal representative under HIPAA unless such access is restricted by law or determined by the provider to be clinically inappropriate.

Disclosure of clinical information to parents, guardians, or other parties will be determined on a case-by-case basis, considering the minor's age, legal rights, safety, best interests, and applicable laws.

Non-custodial parents do not automatically have the right to access treatment information. Any disclosure to a non-custodial parent will be made only as permitted by law and applicable custody or court orders.

### Notice of Privacy Practices and PHI

You have the right to receive a paper or electronic copy of this notice at any time upon request. All requests outlined in this document can be made by emailing [NewHorizonTherapyPLLC@gmail.com](mailto:NewHorizonTherapyPLLC@gmail.com). If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the U.S. Department of Health

& Human Services. You will not be retaliated against for filing a complaint.

This section tells you how we make use of your health information in practice, how we might disclose your health information to others, and how you can get access to the same information. Your health information is personal. We are committed to protecting it and using it only in ways that comply with federal and state law. We create records, such as psychotherapy notes, of the care and services you receive so that we can provide high-quality care and meet legal requirements.

- To disclose information to other professionals and staff treating you within the same practice. Coordination of care with other providers.
- To any person required by federal, state, or local laws to have lawful access to your treatment planning.
- To receive payment from any third party to provide services to you, workers compensation, billing and claims to insurance or managed care.
- To anyone you include in your Authorization to Disclose Records.
- During an emergency if needed to assist you.
- To the appropriate State agency if, we suspect the neglect or abuse of a minor or adult.
- Quality assessment and improvement activities
- For our use in defending our clinic and employees in legal proceedings instituted by you.

**YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request if we believe it would affect your health care.
- **The Right to Choose How We Send PHI to You.** You have the right to request how we contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six months unless you request a different time frame. If you make more than one request in the same year, we will charge you a \$50 fee for each additional request.
- **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 we correct the existing information or add the missing information.

In accordance with federal law, including the Health Insurance Portability and Accountability Act (HIPAA), as amended, and 42 CFR Part 2, this organization provides enhanced confidentiality protections for records relating to the diagnosis, treatment, or referral for treatment of Substance Use Disorders (SUD).

Any SUD-related records received by this organization from a program or entity subject to 42 CFR Part 2 shall be maintained, used, and disclosed only as permitted by applicable federal law, including restrictions on re-disclosure and requirements for patient authorization, when applicable. Appropriate administrative, technical, and physical safeguards will be applied to protect the confidentiality of such records.

**Appointments and Fees**

To schedule, reschedule, or cancel an appointment, please contact 313-405-9205 or email [NewHorizonTherapyPLLC@gmail.com](mailto:NewHorizonTherapyPLLC@gmail.com)

Cancellations must be made **24 hours** prior to your appointment time to avoid fees.

- Sessions that exceed 55 minutes will be charged \$5 per 5 minutes.

- No-shows will be charged the full amount of the scheduled session, future sessions can not be conducted until fee is paid for in full. Fees are not covered through insurance.
- Cancellations within 24 hours of your appointment time will be charged \$65, future sessions can not be conducted until fee is paid for in full. Fees are not covered through insurance.
- If appointments are consistently canceled, this may result in termination.
- These are baseline fees, even if the session time is not fully used by the client for any reason.
- Extended telephone calls and reports or letters start at \$15.
- Statements and invoices can be found in your client portal. Balance is due before the next appointment. Paper copies must be requested.
- A valid credit or debit card will be required to stay on file solely to be used for appointments, extra services, and fees.
- Fees and costs may be paid for in cash or check.
- Session fee will be charged at the beginning of your appointment.
- There is only a 10 minute grace period.

### Telehealth

Telehealth can be used to conduct a therapy session using a HIPAA compliant video/phone call option. Both therapist and client may switch to telehealth appointments if needed with advanced notice prior to the start of the scheduled appointment. I hereby consent to the use of telehealth in the provision of care and the above terms and conditions.

### Legal and Court Cases

If you are receiving services due to being court mandated, all above statements apply to your treatment. If the services you request are outside of our scope of services, you may be referred to another clinic.

If a court case were to arise while you are receiving treatment at our clinic, you agree to not involve our clinic or employees in any court proceedings voluntarily. In the event you do require our testimony or involvement in any non-adversarial aspects of legal/court proceedings, we will do so only with your consent or a subpoena from a judge. In situations requiring court involvement, our fee is \$300 per hour for court appearances, preparation for court testimony including, but not limited to, consulting with attorneys, reviewing the file, report/letter writing and time spent traveling to court and waiting to testify.

### Safety

No weapons such as firearms, knives, sharp objects, or other dangerous items may be brought into the office. This is private property, any rules not followed can result in involving authorities. If a person remains on the property after being told to leave by the owner, the person may be charged with trespassing (MCL 750.552).

### Treatment Philosophy

The role of our therapists is to encourage you, provide you with skills and resources, as well as work alongside you to develop and implement a treatment plan using therapeutic methods. Your role is to incorporate the skills/resources and aid in your day to day life.

Therapy is not used to solve all problems. We do not work on eliminating feelings, whether negative or positive. We work towards minimizing impact of symptoms and learning to cope. **You have the right to self determination: "An ethical principle in social work that recognizes the rights and needs of clients to be free to make their own choices and decisions."**

### Therapeutic Relationship

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate and should be shared between you and the therapist. To respect your

confidentiality, our therapists and employees will not approach you in a public setting unless you approach them.

#### Contact Method

Telephone number: 313-405-9205

Email address: NewHorizonTherapyPLLC@gmail.com

You may contact us via phone call or email Monday - Thursday 10:00AM - 5:00PM and Saturdays 10:00AM - 2:00PM. If your inquiry is not answered, please leave a voicemail and we will get back to you within 2 business days. In the case of an emergency, please go to the emergency room or call 911. This is an outpatient clinic, any services that need inpatient services must be taken to the hospital.

- **988 Suicide and Crisis Lifeline**

#### Contact Information

You are consenting for our clinic and employees to communicate with you by mail, e-mail, and phone at the address and numbers provided, and you will immediately advise us in the event of any change.

#### Grievance Procedure

If at any time you are dissatisfied with your treatment, please discuss your concerns with Heba Haidar, LCSW directly so we can work together to resolve them. If, after doing so, you would like a referral to a different therapist, we would be happy to assist. If you have serious concerns that are not successfully resolved, you may contact the Michigan Department of Licensing and Regulatory Affairs.

#### Consent to Treatment

You have read and agreed to receive treatment with New Horizon Therapy, PLLC and with our employees under the conditions outlined above. In the event that treatment is for a minor child, I hereby give my consent to treatment as their legal guardian with authority to authorize mental health treatment. You voluntarily agree to receive mental health assessment, care, treatment, and/or services and authorize the therapist to provide such care, treatment, and/or services as are considered necessary. I understand and agree that I will participate in the planning of my care, treatment, and/or services, and that I may stop such care, treatment, or services at any time. I acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything that remains unclear.

#### Client Rights

You have the right to be informed about your condition and treatment plan. You have the right to inspect or obtain a copy of your mental health records in accordance with applicable state and federal law. Access may be limited only when permitted by law and when disclosure is reasonably likely to cause substantial harm to the client or when otherwise restricted under applicable regulations. If access is denied, you will be provided with a written explanation of the reason for the denial and information about your right to request a review of that decision. Requests for records must be made in writing and sent to NewHorizonTherapyPLLC@gmail.com. Records will be provided within 30 business days and may be subject to reasonable fees permitted by law.

#### Acceptance of Financial Responsibility

I assume financial responsibility for any balance on my account. I will make a payment prior to the beginning of my appointment. I will ensure all fees and balances are paid for before my next appointment. I am aware that failure to do so can result in immediate termination of sessions.

#### Software usage

You agree to give permission and consent to use the SimplePractice Software and Services to schedule appointments, communicate with you, document and administer care and treatment, utilize telehealth services, and all other actions.

#### TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve

some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Your provider may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. Your provider will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating unless special circumstances were to arise.

Should you fail to schedule an appointment within 7 days of contact with the office, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued and your chart will be made inactive.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Last updated: January 2, 2026