

# Blanco Behavioral Health

WHERE WE'RE HAPPY TO HELP

## CONTACT

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## WELCOME

At Blanco Behavioral Health Consulting, we treat everyone like family. We know that each person is much more than just what appears. We believe that everyone has strengths to uncover and strengths to enhance. We think of therapy as a practice. We practice our skills and tools every day to improve our quality of life, like exercising.

Healing happens in a healthy environment within a healthy relationship. We create that here at Blanco Behavioral Health because we believe that the world benefits when you find the best version of yourself.

We believe in duality. Our challenges are difficult and painful; they have the potential, however, to teach us about ourselves and what we can handle. Our defense mechanisms protect us indeed, but they can also hurt us when we no longer need them to keep us safe in the same ways as they did.

We use interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Prolonged Exposure Therapy (PET), Psychodynamic Therapy (PT), and Community Resiliency Model (CRM) to identify:

1. Where the core emotional injuries happened in the past.
2. The triggers that are associated with our past Trauma.
3. The duality in our responses (what serves us, what doesn't).
4. Our losses and grieve them properly.
5. Our skills and strengths and celebrate them and maintain them.

We specialize in resiliency-informed care and believe that our clients can significantly improve their self-view and self-efficacy with the right help and a supportive environment.

Welcome to BBHC!

*Wendy Blanco*

Wendy Blanco  
Founder & CEO

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## **INFORMED CONSENT FOR PSYCHOTHERAPY/COUNSELING**

Our licensed and associated counseling providers vary in training but have all completed intensive training in how to work with psychological trauma. BBHC is a trauma-informed organization and as such we provide services to survivors of trauma. We firmly believe that our clients must be active in this process. Our counseling services are designed for clients to be actively involved so they can benefit from the interventions and techniques employed.

We understand that emergencies happen. We ask that you notify your therapist 24 hours in advance if you will not be able to keep your regular appointment. Attending your therapy regularly is very important in the recovery process. Missing two or more appointments without notice may result in suspension of services.

If you have an extensive substance abuse problem, the therapist may require you to complete or be concurrently enrolled in a drug or alcohol abuse program before beginning your therapy.

The client cannot come to counseling sessions under the influence of drugs or alcohol because it interferes with the therapy process. If the therapist suspects that the client is under the influence of drugs or alcohol, the session will be terminated. If this behavior continues, it may end in suspension of services. Clients who are aggressive, threatening, or behaving in a dangerous manner will be asked to leave the office/session until they demonstrate that they have corrected their behavior. If this behavior continues, it may end in suspension of services.

All counseling providers are required to communicate to the client:

- The benefits and possible risks of the therapies and techniques to be employed.
- The benefits and possible risks of the technology in use (video conference) and emergency practices. Clients should review the attached "Consent to Participate in Telehealth Services" document with their therapist and sign the document if they agree with the terms before beginning the therapeutic relationship.
- The price established for the type of therapy that the client needs. Clients should review the attached "Payment Policy" document with their therapist and sign the document if they agree with the terms before beginning the therapeutic relationship.
- The client's right to protection of their personal information (HIPAA). Insured clients and clients in the state's victims of crime program (CalVCB) should review the attached document "Notice of Privacy Practices (HIPAA)" and sign the document if they agree with what is described therein before beginning the therapeutic relationship.
- The limits of confidentiality before beginning counseling services. Everything that the client communicates to their therapist is kept strictly confidential and is not disclosed to other persons or entities without the written consent of the client.

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## EXCEPTIONS TO THE RIGHT OF CONFIDENTIALITY:

- When there is reasonable suspicion of abuse or neglect of a child, an elderly person, or a dependent adult.
- If you report clear suicidal, homicidal intentions, or are seriously incapacitated.
- If your therapist is an associate and needs to share information in clinical supervision.

Clients 12 years and older and parents/guardians of minor clients, your signature below indicates that you understand this agreement and agree to abide by the provisions discussed.

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Name of Client/Guardian

Signature

Date

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Name of BBHC Representative

Signature

Date

\_\_\_\_ Refusal: I refuse to sign this document.

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## **CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES**

1. The purpose of this form is to obtain your consent for Telehealth services by a Blanco Behavioral Health Consulting (BBHC) Therapist/Counselor and/or Case Manager.
2. Telehealth services involve the use of audio, video, or other electronic communication to interact with you, consult with other service providers, and review your case information for the purpose of providing mental health or case management services.
3. The benefits of Telehealth services include having access to mental health support through BBHC without having to travel to physical locations for services.
4. Some risk factors when using Telehealth services may include interruptions, unauthorized access, and technical difficulties. All BBHC clients and/or staff members may discontinue Telehealth services if it is felt that videoconferencing connections are inadequate for the situation.
5. All laws concerning client access to client records or files apply to Telehealth services. Dissemination of any client identifiable information from Telehealth services to other entities shall not occur without your consent.
6. Confidentiality: all existing confidentiality protections under federal and California state law apply to information used or disclosed during BBHC Telehealth services.
7. You may withhold or withdraw consent to Telehealth services at any time, before and/or during any services provided by BBHC, without affecting your right to future services.

## **CONSENT TO USE ZOOM PRO FOR TELEHEALTH SERVICES**

Zoom Pro are the HIPAA-compliant technology platform we will use to conduct Telehealth services.

By signing this document, I acknowledge and certify that:

- Telehealth services are NOT intended for emergency services and in the event of an emergency, I will use a phone to contact 911 and/or local law enforcement or psychiatric emergency response team(s).
- Though my therapist/counselor/case manager and I may be in direct virtual contact through Zoom Pro, my therapist/counselor/case manager will not provide any medical or healthcare services or advice, including, but not limited to, emergency or urgent services.
- Zoom Pro facilitate videoconferencing and are not responsible for the delivery of any health care or medical advice.
- To maintain confidentiality, I will not share my Telehealth appointment link(s) with anyone unauthorized to attend the appointment.
- I currently reside in the state of California.
- I have read or had this form read and/or explained to me.

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- I fully understand this form's content including the risks and benefits of the procedure(s).
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

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Signature of Client/Guardian

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Date

Refusal: I refuse to sign this document.

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## **PAYMENT POLICY**

Thank you for choosing Blanco Behavioral Health Consulting (BBHC).

Please review our payment policy, sign it if you agree with terms, and return this document to your therapist.

BBHC offers mental health therapy at a fee considered as moderate in the community of mental health therapists in California:

\$150 (45-50 minute session) – Associated Therapists

\$180 (45-50 minute session) – Licensed Therapists

The fee for family, couples, or group therapy varies according to the type of therapy. Check with your therapist.

We also offer reduced prices for people experiencing temporary difficult circumstances. Check with your therapist.

We accept health insurance plans from Kaiser, United Healthcare, Modern Health, and the Love Land Foundation Therapy Fund. We also accept insurance of other providers as long as it is a PPO program – we process the documentation of PPO programs with the respective providers through the company Advekit at no cost to the client. We also work with California's Victims of Crime Compensation Program (CalVCB). In this case, we take care of the required documentation.

Payment for our services must be made in full before each session. Visit our website to learn about the different forms of payment ([blancobehavioralhealth.com/payment](http://blancobehavioralhealth.com/payment)). Zelle and Venmo are the best ways for you and us to pay for our services. You only need the username (Blanco Behavioral Health) and the email ([blancobehavioralhealth@gmail.com](mailto:blancobehavioralhealth@gmail.com)).

Please note that when you make an appointment with your therapist, that time is reserved for you.

**MISSED OR CANCELED APPOINTMENTS WITH LESS THAN 24 HOURS IN ADVANCE WILL BE CHARGED AT 50% OF THE AMOUNT OF THE SCHEDULED SESSION.**

\_\_\_\_\_  
Signature of Client/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ Refusal: I refuse to sign this document.

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## **NOTICE OF PRIVACY PRACTICES (HIPAA)**

Please review this information carefully to fully understand how health information about you may be used and disclosed and your own personal access to this information.

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

### **BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) PLEDGE REGARDING HEALTH INFORMATION**

BBHC, its providers, staff, and contractors understand that the medical and mental health information of individual clients is personal. We are committed to protecting our clients' health information. We create a record of the care and services provided through BBHC. This record helps us to provide clients with quality care and to comply with certain legal requirements. This notice applies to all clients records of care generated by BBHC. This notice provides information regarding ways in which we may use and disclose health information about our clients, as well as describing clients' rights to the health information documented through BBHC. Additional obligations regarding the use and disclosure of clients' health information by BBHC is also explained.

### **BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) IS REQUIRED BY LAW TO:**

- Make sure that protected health information (PHI) that identifies individual clients is kept private.
- Provide this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The terms of this notice are subject to change, and such changes will apply to all past and future documentation/records. New information will be updated (for current clients) and available on our website for clients not actively participating in treatment through BBHC.

### **BLANCO BEHAVIORAL HEALTH CONSULTING, LLC (BBHC) USE AND DISCLOSE OF HEALTH INFORMATION**

BBHC may use and disclose health information under the following circumstances:

- For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the consumer to use or disclose the consumer's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care

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operations. PHI may also be disclosed without written authorization for the purpose of accurately diagnosing and treating individual consumers.

- 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” may include the coordination and management of health care providers with a third party, and consultations between health care providers and referrals of a consumer for health care from one health care provider to another.
- Lawsuits and Disputes: BBHC may disclose health information in response to a court or administrative order. We may also disclose health information of a minor child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, provided efforts have been made to inform the client about the request or to obtain an order protecting the information requested.

## **CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

- BBHC’s staff, providers, and contractors keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization.
- BBHC will not use or disclose your PHI for marketing purposes. Likewise, it is against BBHC policy to sell or reveal your PHI under any circumstances.
- BBHC will require a signed authorization for clients over the age of 18 in order for family members to have access to your records, treatment, scheduling, billing, and phone or other type of communication regarding your care and treatment. Communication with family members will be in your presence unless determined that there is a threat to yours or another person’s well-being, or unless you are physically unable to communicate.

## **CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to certain limitations in the law, BBHC can use and disclose your PHI without your authorization for the following reasons:

- 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.
- 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.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order. (It is BBHC preference to obtain prior authorization from individual clients.)
- For law enforcement purposes, including reporting crimes occurring on BBHC property.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.



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- For research purposes, including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes in order to comply with worker's compensation laws. (It is BBHC preference to obtain prior authorization from individual clients.)
- BBHC may use and disclose your PHI to contact you to remind you of upcoming appointments, or for the purposes of billing and receiving payment from third party payors for services.

## **CONSUMER OPPORTUNITY TO OBJECT**

BBHC clients may object in whole or in part to disclosure of PHI to a family member, friend, or other person identified as being involved in the client's care or payment for care. In emergency situations, the opportunity to object may be limited based on provider's clinical judgement. Under emergency situations, the opportunity to consent may be obtained retroactively.

## **CONSUMER RIGHTS REGARDING PHI**

- Clients have the right to request limits on uses and disclosures of their PHI for treatment, payment or health care operations purposes. BBHC, its providers, staff, and contractors retain the right to make an individual determination if it is believed that limiting the release of information as requested by the consumer may affect health care.
- Clients have the right to request restrictions on disclosure of their PHI by BBHC to health/insurance plans for out-of-pocket expenses paid for in full by the consumer.
- Clients have the right to limit the means used to send their PHI to a consumer or third party identified by the client. Requests by clients to be contacted in a specific way (for example, home or office phone) or requesting mail be sent to a different address will be accommodated unless otherwise noted or agreed on in communication with the client.
- Clients have the right to see and obtain copies of their PHI, provided necessary acknowledgement/release forms are signed. It may take up to 30 days for BBHC to provide requested information and/or summary. Fees for retrieval, printing, and sending records may apply.
- Clients have the right to obtain a list of the Disclosures/Authorizations in which BBHC, its providers, staff, or contractors have disclosed consumer PHI for purposes other than treatment, payment, or health care operations. It may take 30-60 days following receipt of a request for an accounting of disclosures for BBHC to respond. This will include all disclosures made by the client within the past six years unless otherwise specified. BBHC fees for review of disclosures and providing an accounting of disclosures may apply.

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- Clients have the right to correct or update their PHI. In the event that a client believes that there is a mistake in their PHI, or that a piece of important information is missing from their PHI, they have the right to request a correction or addition of existing information. If the request is declined by BBHC, its providers, staff, or contractors, written documentation declining the correction or update will be provided in writing within 60 days.
- Consumers have the right to obtain either a paper or electronic copy of this notice. You have the right to get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail, or both.

## **RECORD KEEPING**

Your personal records will be kept for seven (7) years from the last date you receive services from a BBHC inpatient facility and/or BBHC operated community services. After that time, your records may be destroyed.

## **BREACH OF PHI**

BBHC will notify you if a breach of your uninsured PHI occurs.

## **COMPLAINTS**

If you believe your privacy or privacy rights have been violated, or if you want to file a complaint, you may contact:

**Secretary of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA. 02203.**

## **EFFECTIVE DATE OF THIS NOTICE:**

This notice is effective February 1, 2021

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

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

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Signature of Client/Guardian

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Date