

Little Lamp Christian Counseling LLC

Policies and Consents

Ashley Sims, LPCC, MACMHC, BC-TMH

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COMPANY INFORMATION

Credentials

- MA in Clinical Mental Health Counseling from Colorado Christian University (MACMHC)
- Licensed Professional Counselor with the Ohio Counselor, Social Worker and Marriage & Family Counselor Board. Licensed Number: C.2003022 (LPC)
- Board Certified Telemental Health Counselor (BC-TMH)

Professional Services of Little Lamp Christian Counseling LLC

I provide individual counseling for adults ages 18 and up, via teletherapy. The teletherapy format may include videoconferencing through the Doxy.me platform, or phone calls between company and client phones. Phone sessions will require a password to be given at the beginning of each session. All initial sessions will be conducted via videoconference for form completion.

I have been trained to work with the following presenting issues: anxiety disorders and phobias, depression, grief and loss, phase-of-life adjustment, relationship or dating problems, ADHD, chronic stress, anger management, and codependency.

My therapeutic approach is integrative, meaning I incorporate elements from different schools of psychotherapy in the treatment of a client, including but not limited to Solution-Focused Brief Therapy, Cognitive Behavioral, Psychodynamic, Mindfulness-based, Person-Centered, Adlerian, Narrative, Emotionally-focused, Interpersonal, Exposure, Faith-Based, and Psychoanalysis.

I understand that therapy is not “one size fits all”, therefore I strive to use the therapeutic approach that works best for each client on an individual basis. However, if the client feels the method being used is not beneficial for them, I will gladly work with the client to determine a more effective approach or, if needed, provide a referral to another agency that may be able to meet the client’s needs.

As a born-again Christian and Christian counseling practice, all evidenced-based interventions are administered from a Christian worldview. Clients may request prayer and Biblical readings in session, as well as Biblical-based homework assignments. Clients may also request counseling without Christian values, beliefs, or ideals integrated into the process.

RISKS AND BENEFITS TO TREATMENT POLICY

As with any form of treatment, there are risks and benefits associated with counseling. Clients are encouraged to consider both when making treatment decisions.

Most risks are expected when confronting negative emotions and making changes in life. Clients may recall unpleasant memories that cause distressing symptoms, such as feelings of anxiety, guilt, sadness, loneliness, frustration, helplessness, anger, or other negative feelings. Clients' personal relationships may be disrupted, and in some cases, the client may need to make difficult decisions about relationships, such as deciding to end a friendship or separate from a partner. Occasionally, symptoms may temporarily worsen before improving. While there is hope for improvement, there is no guarantee and in some cases, therapy may not work well for the client.

If at any point you, the client, feel that therapy is not working for you, please tell the counselor. Together you and the counselor can discuss what is working, what is not, and adjust the treatment plan as needed or prepare a referral to another counselor.

Just as there are risks, there are also benefits to counseling. Clinical counseling has been proven to be effective for many forms of psychological distress. Well-designed, peer-reviewed research studies have provided a deeper understanding of mental illness and various evidence-based interventions to aid in symptom reduction or removal. The counselor will use this information to help the client find healing. Sometimes clients find they are experiencing improvement in symptoms rather quickly. This could be due to the client confronting issues they have been ignoring, repressing, or fearing. While confronting these emotions, memories, or traumas may be distressing, the client is not confronting them alone; the counselor will help facilitate and guide this process. The counselor will point out strengths the client may have forgotten they had or were perhaps never aware of. The counselor will provide the client with new skills to use when alone to manage symptoms, such as challenging negative or intrusive thoughts or finding calm when experiencing or approaching anxiety.

While the counselor will work hard to help the client, for psychotherapy to be effective the client must be willing to change. Clients must be willing to participate in sessions and make efforts towards goal attainment. This can be done by sharing/talking during sessions and completing homework assignments. Homework typically consists of new skills learned and practiced in session that the client will be asked to practice at home without the counselor. Change will sometimes be easy and quick, but can also be slow and frustrating. Sometimes a few new skills will be all that is required to reduce or remove symptoms. Other times the client may need to make large lifestyle changes to prevent symptoms from returning. The counselor will work with the client to determine what will work best for their lifestyle. While counseling may at times be difficult, it is a process and a personal journey that in the end can be deeply rewarding.

CLIENT CONDUCT POLICY

The time in session is to be utilized for the purpose of assisting the client to reach their goals. As such the client must agree to the following:

- If a client is suspected of, or determined to be under the influence of drugs (including marijuana), or is observed consuming alcohol during session, they will be asked to reschedule their appointment without a refund. If the client has prescribed medication that causes disorienting effects, they should, if possible, schedule sessions for a time when the medication's effects are minimal.
- Any displays of confrontational behavior, verbal threats, and aggression toward the counselor will result in immediate termination of services without refund, and a police report may be filed.
- Any displays of flirting or sexual misconduct toward the counselor will first be addressed by the counselor, after which one of the following will occur: continuation of sessions with agreed-upon behavior modification, referral to another counselor with termination of sessions through this practice, or immediate termination of services without refund. A police report may also be filed if warranted.
- Clients are expected to have a confidential space free of distractions during sessions. If a client is distracted, or if other persons are present, the counselor will address it.
- Clients may choose either to reschedule, without refund, or to proceed with verbal consent. If the client chooses to proceed, they must verbally acknowledge they understand that the level of care provided may be lessened due to this choice.
 - If clients choose to be located in a public space during a session, they must be wearing headphones so that non-clients cannot hear the counselor.
- Clients must be physically located in the State of Ohio during sessions. This is a legal requirement. If the client is anywhere outside of Ohio, the session must be rescheduled without refund. Even with online counseling, clients must be physically located in Ohio.
 - If the client permanently relocates outside of Ohio, then all sessions will be canceled immediately, and the Counselor will offer resources to find a Counselor located within the clients' state of residence.
- Though teletherapy often happens in the clients' home, it is expected that the client will treat the session in the same way they would if going to a practice site in person. As such, during videoconferencing clients must:
 - Be fully clothed.
 - Be visible in session, meaning the camera must be turned "ON".
 - Be sitting upright, with hands quickly visible. The client may sit on their bed, but the client must be sitting, and have their hands above the covers.
 - NOT drive during session. The client may sit in a parked car, but the client is not permitted to drive, even with an ear piece, speaker phone, or other hands-free method.
- Any violation of the above list will first be addressed by the Counselor. If the client refuses to alter their behavior, the session will be terminated, without refund. The client will be able to schedule a follow up session at a later date. If the issue occurs during three separate sessions, then all sessions will be terminated, without refund, and the client will be provided with alternative sources for therapeutic services.

SCHEDULING & ATTENDANCE POLICY

1. Scheduling of Appointments

- The next appointment is typically scheduled during each session.
- Therapy generally begins with weekly 50-minute sessions. Frequency may be adjusted based on clinical need and progress.
- Treatment progress is reviewed approximately every six months, at which time the client and counselor will determine whether continued services are appropriate and update the treatment plan if needed.

2. Attendance and Punctuality

- Clients are responsible for attending scheduled appointments on time.
- If a client is late, the session will still end at the scheduled time and will not be extended or prorated.
- If a client arrives more than 15 minutes late without prior notice, the session may be considered a missed appointment and charged at the full session rate.

3. Cancellations and Rescheduling

- Clients must provide at least 24 hours' notice to cancel or reschedule an appointment.
- Cancellations made with less than 24 hours' notice, as well as missed appointments with no notice, will be charged the full session fee.

4. Missed Appointments (No-Show Policy)

- A missed appointment occurs when a client does not attend a scheduled session without prior notice.
- Clients who miss three appointments (late cancellations or no-shows) within a 60-day period, or three consecutive missed appointments, may have services discontinued.
- In such cases, the counselor will attempt to contact the client to discuss continuation of services.
- If continuation is not appropriate or the client does not respond, services may be terminated and a formal notice of termination will be provided.
- All missed appointments are charged at the full session rate.
- Ongoing patterns of late arrivals or missed appointments will be discussed collaboratively between client and counselor.
- If attendance issues persist and cannot be resolved, services may be discontinued at the counselor's discretion.

6. Client-Initiated Termination / Inactivity

- If a client misses an appointment and does not make contact for two weeks despite reasonable outreach attempts, the counselor may assume services have ended and formally close the case with written notice.

7. Fees for Time Reserved

- All scheduled appointment times are reserved for the client.
- Clients are responsible for the full session fee for late cancellations, missed appointments, and no-shows.

8. Provider Exceptions

- In rare circumstances (such as emergencies or extraordinary situations), the counselor may waive or adjust fees at their discretion.

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FEE POLICY

This Fee Policy governs all clients of Little Lamp Christian Counseling LLC. Certain provisions apply only depending on the client's payment arrangement (self-pay or EAP).

1. Counseling Services and Fees

- Sessions are 50 minutes in length. The standard rate for services is \$100 per session. Reduced rates may be offered at the counselor's discretion. The counselor retains the right to adjust rates.
- Fees are discussed during the initial screening call and documented in a Fee for Service Agreement signed at intake.
- All fees are due at the time of service.

♦ **Self-Pay Clients**

- Clients who are not using insurance or third-party benefits are fully responsible for payment of all services rendered.
- Rates remain in effect for six months from the start of counseling, defined as the beginning of a treatment review cycle, unless otherwise specified in writing.

♦ **EAP (Employee Assistance Program) Clients**

- When services are authorized through an Employee Assistance Program (EAP), the EAP is responsible for payment according to the terms of the authorization.
- Clients are responsible for confirming their eligibility and ongoing coverage under the EAP.
- If the EAP denies payment, revokes authorization, or determines services are not covered (including due to loss of eligibility or employment), the client becomes responsible for the full fee for services rendered.
- In such cases, the client will be notified and payment arrangements will be discussed prior to continuation of services.

2. Payment Methods and Authorization

- Payments are processed electronically through third-party payment services.
- By submitting payment through these systems, the client authorizes payment for services rendered and any applicable fees or outstanding balances.

3. Security and Compliance

- Little Lamp Christian Counseling LLC does not store full payment card or banking information. Payment processing is handled through third-party payment processors.

4. Refund Policy

- Refunds, when applicable, will be issued at the discretion of the counselor and processed through the original payment method used for payment.

5. Chargebacks and Payment Issues

- In the event of a payment dispute or chargeback, Little Lamp Christian Counseling LLC will cooperate with the client and payment processor to resolve the issue.
- If a payment is declined, the current session may proceed; however, future appointments will not be scheduled until the outstanding balance is paid in full.
- An invoice will be issued for any unpaid balances.

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6. Rate Change and Treatment Review Cycle

- Clients are billed at the rate in effect at the start of each treatment review cycle.
- Treatment review cycles occur approximately every six months and include a review of progress and ongoing services.
- Any rate changes will be communicated in advance and will take effect at the start of a new cycle.
- Rate changes are not applied retroactively to services already rendered within an active cycle.
- Continued services beyond a treatment review cycle will be billed at the current rate at that time.

7. Provider Cancellations, Late Arrivals, and Illness

- If the counselor must cancel a session due to illness, emergency, or unforeseen circumstances, the client will not be charged for the session.
- If the counselor is late to a session, the session will be extended when possible or otherwise prorated to reflect the actual time provided.
- In the event of cancellation or delay, the counselor will make reasonable efforts to notify the client as soon as possible and assist with rescheduling.

NO SURPRISES ACT & GOOD FAITH ESTIMATE

The No Surprises Act (effective January 1, 2022) is a federal law designed to increase transparency in healthcare billing and reduce unexpected charges to clients.

Prior to the first appointment, clients will receive a Good Faith Estimate outlining the expected cost of services. The standard rate for counseling services is \$100 per 50-minute session. If a reduced rate is agreed upon, it will be documented in the Fee for Service Agreement prior to the first session.

Clients are responsible for all scheduled appointments as outlined in the Cancellation and Attendance Policy, including late cancellations and missed sessions, which are charged at the full session rate. It is the client's responsibility to attend scheduled sessions on time or cancel in accordance with the cancellation policy to avoid applicable fees.

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COMMUNICATIONS & EMERGENCY POLICY

After-Hours Contact

- Little Lamp Christian Counseling LLC is not an on-call or crisis service. The company phone is not continuously monitored outside of business hours.
- Clients may leave voicemail or text messages at any time; however, responses will only occur during regular business hours unless otherwise arranged.

In Case of Emergency

If you are experiencing a mental health or medical emergency, do not wait for a response from this office.

- Call 911 or go to the nearest emergency room
- Contact the Suicide and Crisis Lifeline by dialing 988

This service does not provide emergency or crisis intervention services.

Counselor Availability

- In the event of planned time away (such as vacation or scheduled leave), clients will be notified as soon as reasonably possible, and upcoming appointments may be rescheduled as needed.
- In the event of illness or unforeseen circumstances, scheduled appointments may be rescheduled. Any prepaid session may be applied to the rescheduled appointment or refunded if a reschedule is not possible.

Prolonged Unavailability or Incapacitation

In the event of prolonged incapacity or death of the counselor, clients will be contacted by the designated caretaker who will assist in facilitating continuity of care and referrals to other providers.

CONFIDENTIALITY POLICY

Counselors are required by law and professional ethics to protect client confidentiality. Information shared during counseling sessions is kept confidential except in situations where disclosure is required or permitted by law. These exceptions are outlined in the Notice of Privacy Practices (HIPAA), which is available on the company website at <https://littlelamp.org/intakepaperwork>.

If a client requests that information be shared with a third party (such as a medical provider), written authorization in the form of a Release of Information is required prior to disclosure.

IDENTITY VERIFICATION POLICY

Clients may be asked to provide a copy of a state-issued photo identification for administrative and clinical verification purposes, which may include:

- Verifying client identity for record accuracy and continuity of care
- Supporting accurate release of records when requested
- Confirming that services are provided to the correct individual
- Clients are not required to provide Social Security numbers.
- Clients may redact (black out) their driver's license or identification number prior to submission if desired, provided that name and photograph remain visible for identification purposes.

TECHNOLOGY POLICY

Telehealth Platform (Doxy.me)

Little Lamp Christian Counseling LLC uses Doxy.me for telehealth video sessions. Doxy.me is a third-party telehealth platform designed to support privacy and confidentiality through security and encryption features appropriate for clinical use.

While reasonable safeguards are in place, no electronic system can be guaranteed to be completely secure. Clients are responsible for ensuring they participate in sessions from a private and appropriate setting.

Intake Session Format and Documentation

- The initial counseling session is typically conducted via video conferencing through Doxy.me in order to complete intake procedures and review necessary documentation.
- This allows for secure completion and review of intake forms during the first session.
- If a client prefers not to use Doxy.me for document handling, intake paperwork may be submitted via email at the client's discretion. The client acknowledges that email is not a secure form of communication when choosing this option.
- When intake paperwork is submitted outside of Doxy.me, the initial session may be conducted via telephone if clinically appropriate and agreed upon by both client and counselor.

Ongoing Session Options

- After the initial intake session, counseling sessions may be conducted via either video (Doxy.me) or telephone, depending on client preference, clinical appropriateness, and scheduling considerations.

Technical Requirements

Clients are responsible for ensuring they have:

- A device with a camera, microphone, and speakers (for video sessions)
- A stable internet connection (for video sessions)
- A private environment appropriate for counseling

Clients are encouraged to test their setup prior to sessions to reduce the risk of technical disruptions.

Technical Difficulties

- If a video session cannot proceed due to technical issues, the session may be converted to a telephone session if appropriate.
- If neither video nor telephone communication is feasible, the session may need to be rescheduled.
- Standard scheduling and attendance policies may apply in the event of rescheduling due to technical issues.

Emergency Situations

Telehealth sessions are not appropriate for emergency or crisis situations. Clients should refer to the Communications & Emergency Policy for immediate assistance resources.

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RECORDS POLICY

Clinical records are maintained to support continuity of care, clinical documentation, and treatment planning. Records may include clinical notes, treatment summaries, and relevant information discussed during sessions. All records are stored securely in accordance with applicable legal and ethical standards.

Clients may request access to their records at any time. Requests must include identity verification. Upon receipt of a valid request, the counselor will provide records within a reasonable time frame, not to exceed 48 hours when feasible, unless additional time is required due to volume, complexity of the request, or unforeseen circumstances. If additional time is needed, the client will be notified.

The counselor is required to retain records for a minimum of seven (7) years following termination of services, in accordance with applicable regulations.

TEXT MESSAGING POLICY

Little Lamp Christian Counseling LLC may use text messaging as a convenient method of communication for administrative purposes, including scheduling and appointment-related coordination. Text messaging is not a secure form of communication, and confidentiality cannot be fully guaranteed. Messages may be stored on devices, servers, or communication platforms outside of the counselor's control. By providing a mobile phone number, the client acknowledges and accepts the potential privacy risks associated with text communication.

Policy

- Text messaging is intended for scheduling and basic administrative communication only. Texts should not be used to communicate sensitive clinical information or therapeutic content, which should be discussed during scheduled sessions.
- Text messages may, when relevant to care, become part of the client's clinical record.
- In rare circumstances, the counselor may engage in clinically relevant communication via text messaging when it is the only feasible means of contact for the client and clinically appropriate to do so. This may include brief clinical support or, in exceptional cases, a structured text-based session when both parties agree that it is necessary and appropriate. Any clinically relevant text communication, including full text-based sessions, will be documented in the client's clinical record and treated as part of ongoing care. Text-based sessions are only used when clinically appropriate and when alternative modalities are not feasible.
- The client is responsible for providing an accurate and current phone number. The counselor will only communicate via the number provided and is not responsible for messages sent to outdated or incorrect numbers.
- It is assumed that communication via the provided phone number is authorized by the client. The counselor is not required to independently verify device ownership unless there is reason to question identity.
- All text communications are sent directly by the counselor, Ashley Sims, LPC. No automated systems or administrative staff are used.
- Appointment reminders may be sent via text message unless the client requests otherwise.

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EMAIL CONSENT

Email may be used by the counselor for limited administrative purposes, such as sending worksheets, homework assignments, practice information, or other general non-clinical materials.

Email is not a fully secure or encrypted method of communication, and confidentiality cannot be guaranteed. By choosing to communicate via email, the client acknowledges and accepts these risks.

Policy

- Email is not intended for therapy, clinical discussion, or emergency communication.
- Clients should not use email to request sessions, engage in therapy, or communicate sensitive clinical information.
- The counselor may redirect clinical communication received via email to a more appropriate and secure method.

Intake and Administrative Documents

- Clients may submit completed intake paperwork or other administrative documents via email if they choose to do so.
- Whenever possible, clients are encouraged to use a secure method of submission provided by Doxy.me.
- By submitting documents via email, the client acknowledges that email is not a secure method of transmission and accepts the associated privacy risks.

AUDIO RECORDING CONSENT

Audio recording of counseling sessions is not routine and will only occur when clinically appropriate and with client authorization. Recordings are used solely to support accurate clinical documentation and treatment planning.

- Counseling sessions may be audio recorded by Ashley Sims, LPC, only with the client's prior consent.
- Clients will always be informed before any session is recorded.
- Recordings are used exclusively for clinical documentation and review related to the client's treatment.
- Recordings are stored securely and are not shared outside of clinical use.
- Recordings are destroyed after they are no longer needed for documentation purposes.
- Clients have the right to refuse or withdraw consent for recording at any time, and this will not affect the provision of services.

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CLIENT RIGHTS AND TERMINATION OF SERVICES

- Clients have the right to discontinue counseling services at any time, for any reason, with or without notice.
- Clients are encouraged (but not required) to discuss termination in session when possible to support appropriate clinical closure.
- If a client chooses to return to counseling after termination, new intake paperwork and updated agreements will be required. Fees and policies in effect at that time will apply.

REFERENCE POLICY

The counselor does not provide employment, academic, legal, or personal reference letters for clients. The counselor's role is limited to providing clinical mental health services.

COURT/LEGAL POLICY

The counselor does not voluntarily participate in legal proceedings or provide information for court-related matters unless required by valid legal order (such as a subpoena or court order).

If legally required to release records, only relevant clinical documentation will be provided in accordance with applicable law and ethical guidelines. Additional fees may apply for court-related services, including testimony or record preparation.

ESA POLICY

Emotional Support Animal (ESA) documentation is not guaranteed and is only provided when clinically appropriate based on a formal evaluation.

ADDITIONAL INFORMATION

The following further documentation is available on the company website (<https://littlelamp.org/intakepaperwork>) under the Intake Paperwork section.:

- Notice of Privacy Practices (HIPAA)
- Breach Notification Protocol
- Counselor Incapacitation or Death Procedure
- Complaints Policy
- ESA Documentation Policy
- Social Media, Public Settings and Gift Policies

By signing this document, the client acknowledges that these materials are available for review and may be accessed at any time.

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CONSENT TO TELETHERAPY & CLINICAL TREATMENT

By signing this document you, the client, are stating the following:

- I understand that teletherapy uses electronic information and communication technologies to deliver counseling services when I am at a different location than the counselor, and I consent to receiving services via secure video conferencing or phone call.
- I understand that privacy and confidentiality laws protecting my medical information also apply to teletherapy.
- I understand that while teletherapy can be effective for many disorders, there is no guarantee that treatment will be effective for all clients.
- I understand that there are potential risks involving technology, including internet interruptions or technical difficulties.
- I understand that hardware, software, or internet issues may cause service interruptions, and the counselor is not responsible for technical problems and cannot guarantee services will always be available or function as expected.
- I understand that I am responsible for information security on my own devices and for maintaining privacy in my physical location.
- I understand that I am responsible to ensure privacy at my own location by being in a private location so other individuals cannot hear my conversation.
- I understand that either my counselor or I may discontinue teletherapy and discuss referrals if teletherapy is not meeting my needs.
- I understand the potential risks and benefits of counseling and my rights regarding the services I receive.
- I understand that I may ask questions about my treatment and request a review of my progress at any time.
- I understand that my participation is voluntary, and I may discontinue treatment at any time.
- I acknowledge that no guarantees have been made regarding the results of counseling.
- I agree to take financial responsibility for my sessions as described in the Fees section.
- I authorize Ashley Sims, LPC to provide counseling services to me.

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SIGNATURE OF AUTHORIZATION TO TREATMENT & ACCEPTANCE OF POLICIES

By signing below, I am agreeing that I have read, understood and agree to all items contained in this document, including:

- ✓ Company Information & Professional Services
- ✓ Risks and Benefits to Treatment Policy
- ✓ Client Conduct Policy
- ✓ Scheduling & Attendance Policy
- ✓ Fee Policy
- ✓ No Surprises Act & Good Faith Estimate
- ✓ Communications and Emergency Policy
- ✓ Confidentiality Policy
- ✓ Identity Verification Policy
- ✓ Technology Policy
- ✓ Records Policy
- ✓ Text Messaging Policy
- ✓ Email Consent
- ✓ Audio Recording Consent
- ✓ Client Rights and Termination of Services
- ✓ Reference Policy
- ✓ Court/Legal Policy
- ✓ ESA Policy
- ✓ Additional Information
- ✓ Consent to Teletherapy & Clinical Treatment

I further acknowledge that:

- All of my questions have been answered to my satisfaction.
- I hereby give my informed consent for the use of teletherapy in my care and I consent for myself to receive counseling services with Ashley Sims, LPC, of Little Lamp Christian Counseling LLC.
- I certify that I have the legal right to seek and authorize treatment for myself.
- I acknowledge that my electronic signature is legally binding and considered the equivalent of a handwritten signature, signifying my full agreement to the terms of this document.

Today's Date:

Client Phone number to allow text messaging:

Client Email Address to allow emails:

Client Full Printed Name:

Client Electronic Signature:

OFFICE USE ONLY

- Provider attests that informed verbal consent was obtained from the client during a telehealth encounter after review of this document, including discussion of risks, benefits, and alternatives. The client had the opportunity to ask questions, demonstrated understanding of the information provided, and verbally agreed to the terms and services outlined herein. This consent has been documented in the clinical record.