



Bob Gamble, MA, LPC
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PROFESSIONAL DISCLOSURE STATEMENT

PERSONAL QUALIFICATIONS

I have been trained in professional counseling and received a Master of Arts in Professional Counseling from Liberty University (2017). I am a Licensed Professional Counselor (LPC) in the state of South Carolina (South Carolina License #7420). I am also ordained through a local church and practice as a Christian pastoral counselor. I will use faith-based counseling as part of the overall counseling process only if the client states they want to use this approach. I work with clients of all types of spiritual beliefs, or non-belief, and I am respectful of everyone's beliefs.

I am a trained EMDR therapist and received this training through the EMDR Institute, Inc. I am also a certified facilitator in the Prepare & Enrich marriage and premarital assessment program. I am a member of the following professional organizations: American Association of Christian Counselors (AACC), American Counseling Association (ACA), International Critical Incident Stress Foundation (ICISF), and I am a board member of the Greenville chapter of the National Alliance on Mental Illness (NAMI). In addition to my counseling training I hold a Bachelor of Arts in Religion and a Master of Public Administration, both from Auburn University.

CONFIDENTIALITY AND COMMUNICATIONS

The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed only by a judge) but is considered privileged in the federal court system. I am mandated by standards - through Duties to Warn - to breach confidentiality if I become aware of:

- You are threatening self-harm or suicide;
- You are threatening to harm another or homicide;
- A child has been, or is being, abused or neglected;
- A vulnerable adult has been, or is being, abused or neglected;

If you wish your protected health information to be released to another party you must sign a Release of Information form.

Please understand that I do everything I can to ensure your confidentiality is protected within the limitations listed above. I cannot, however, ensure that text and email communications are protected. Please keep this in mind in any text or email communication you have with me. I do conduct sessions remotely by video or telephone. I use HIPAA compliant video applications in order to ensure confidentiality is protected when conducting video sessions. I also take measures to ensure conversations are private when conversing by telephone or when conducting sessions by video.

ETHICS:

I, Bob Gamble, follow the Code of Ethics of the following organizations:

- The South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists;
- The American Counseling Association (ACA);

- The American Association of Christian Counselors (AACC).

FEES AND PAYMENT

I do not accept insurance. I operate as a self-pay service with a base fee of \$75.00 per session. Payment is requested at the time of service unless other arrangements have been made previously. With this being said, I do not want financial hardship to prevent you from receiving support. Please feel free to talk with me about any issues regarding payment for service you may have. I am willing to make reasonable accommodations in order for you to receive support. In other words, I utilize a “sliding scale” fee structure which takes into consideration financial hardship.

APPOINTMENT CANCELLATION AND NO-SHOWS

I request at least a twenty-four notice in case of cancellation or change of an appointment. I recognize that sometimes unexpected events, accidents, or illnesses occur and I am willing to make reasonable concessions in these situations. Missed appointments or cancellations without adequate notice will be charged the full cost of the session, unless other arrangements have been made.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The majority of this document is required by both South Carolina State law and Public Law 104-191, known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA provides extremely strong privileged communication protections for conversations between you and your therapist in the context of your established professional relationship. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your “designated medical record” as well as some material, known as “psychotherapy notes” which are not accessible to insurance companies and other third-party reviewers and, in some cases, not to the client himself/herself.

HIPAA provides privacy protection about your personal health information, which is called “protected health information (PHI)” which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities which I provide, coordinate, or manage for your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

Payment is when I obtain reimbursement for your mental health care.

Health care operations are activities related to the performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is “really medically necessary.”

The use of your protected health information refers to activities my office conducts for filing your claims, scheduling appointments, keeping records and other tasks within my office related to your care.

Disclosures refer to activities you authorize which occur outside my office such as sending of your protected health information to other parties (i.e. your primary care physician, the school your children attend, and so forth.)

INFORMED CONSENT

You will be asked to sign a document verifying that you have been provided with this information. Your signature verifies you have been given this document and the HIPAA information that follows, that you

have read and understand these documents, and that you consent to treatment.

Further you need to be aware:

- Treatment isn't always successful and may open unexpected emotionally sensitive areas.
- Bob Gamble is not a physician and cannot prescribe medications.
- Bob Gamble may need to consult with your physician, attorney, or other counselor if it deemed in your best interest or at your request.
- If a written affidavit is needed for court proceedings in lieu of a live testimony, the fee for that written affidavit starts at \$150.00, but could be more depending on how involved the written testimony needs to be.
- If live testimony is needed in the court room, then arrangements and costs are on a case by case basis.
- Bob Gamble is not accessible 24 hours a day. If an emergency arises you need to call 911 or go safely to your nearest emergency room, or your primary care doctor's office.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION

South Carolina requires authorization and consent for treatment, payment, and healthcare operations. HIPAA does nothing to change this requirement by law in South Carolina. I may disclose PHI for the purpose of treatment, payment, and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and healthcare operations, authorizing me to provide treatment and to conduct administrative steps associated with your care (i.e. file insurance for you.)

Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. The requirement of you signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between therapist-patient in treatment settings, HIPAA permits keeping separate "psychotherapy notes" separate from the overall "designated medical record." "Psychotherapy notes" cannot be secured by insurance companies nor can they insist upon their release for payment of services. "Psychotherapy notes" are my notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual's 'medical record.'" "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at my office: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

Certain payers of care, such as Medicare and Worker's Compensation, require the release of both your progress notes and my psychotherapy notes in order to pay for your care. If I am forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing me to release my psychotherapy notes. Most of the time I will be able to limit reviews of your protected health information to only your "designated record set" which includes the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination, your individualized, comprehensive treatment plan, your discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or

summaries of care you have authorized me to release on your behalf. Please note that the actual test questions or raw data of psychological tests which are protected by copyright laws and the need to protect patents from unintended, potentially harmful use are not part of your “designated mental health record.”

You may, in writing, revoke all authorizations to disclosure of protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if authorization was obtained as a condition for obtaining insurance and South Carolina law provides the insurer the right to contest the claim under the policy.

CLIENT RIGHTS AND MY DUTIES

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which I may or may not agree to but if I do, such restrictions shall apply unless our agreement is changed in writing;
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so I will send them to another location of your choosing;
- The right to inspect and copy your protected health information in my designated mental health record set and any billing records for as long as protected health information is maintained in the record;
- The right to amend material in your protected health information, although I may deny any improper request and/or respond to any amendment(s) you make to your record of care;
- The right to an accounting of unauthorized disclosures of your protected health information;
- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of notices/information; and
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these matters. I am required by law to maintain privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your PHI. I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies when you come for your future appointment(s). My duties as a therapist on these matters include maintaining the privacy practices with respect to your PHI, and to abide by the terms of this notice unless they have changed and you are so notified. If for some reason you desire a copy of my internal policies for executing privacy practices, please let me know and I will get you a copy of these documents I keep on file for auditing purposes.

COMPLAINTS

I am the appointed “Privacy Officer” for my practice per HIPPA regulations. If you have any concerns of any sort I may have somehow compromised your privacy rights, please do not hesitate to speak to me immediately about this matter. You will always find me willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

This notice shall go into effect September 1, 2017 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.