



539 N. Grand Blvd., Suite 400  
St. Louis, Missouri  
Business: (314) 652-3623  
[www.supportvictims.org](http://www.supportvictims.org)

## **Crime Victim Center- Clinical Services Policies & Procedures for Youth Counseling**

This document is to inform you of our agency, our policies, State and Federal laws, as well as your rights in the therapeutic process. If there are any questions or concerns, please do not hesitate to ask your clinician.

### **Crime Victim Center and Trauma Informed Approach**

The Crime Victim Center serves any individual who has been impacted by crime. Our services, including counseling, are free of charge. We incorporate evidence based counseling approaches to treat individuals who have experienced trauma, violence, physical and sexual abuse, traumatic grief, and intimate partner violence.

### **How do I know that therapy is working?**

At the cornerstone of therapy is the therapeutic relationship and relationships require two people contributing to the relationship. Therapy works best when the client is invested, engaged, and actively working towards their path to healing. Every child is unique and every presenting concern is different. This means that the indicators of growth for each child will be dependent on their own individual circumstances. As a therapist, I use several different assessments to determine where your child is starting at and then will periodically assess to measure their growth and the effectiveness of treatment. Specific assessments I use include, but are not limited to: the Childhood Trauma Event Survey, STRESS Assessment, Adverse Childhood Experience Survey, Pediatric Symptom Checklist, Beck Anxiety Inventory, CAPS-CA-5 (assess for PTSD), and PHQ-A (assess for Depression).

### **How do I know if my child is not ready for therapy?**

There are several signs that your child might not be ready for therapy and if these signs are noted in sessions, the therapist will talk with the guardian and encourage the family to wait to continue therapy until the child is ready. Services at the Crime Victim Center do not expire and we would be happy to see your child when they are ready to participate in therapy.

### **Session Information:**

Sessions are 40 minutes for youth ages 6-12 and 45 minutes for 13 and older. Parents/Guardians must meet with the therapist for an "Intake Session" before the child can meet with the therapist. During the Intake Session, the therapist and guardian will review policies and procedures, discuss the presenting concern(s), and complete any assessments or waivers if needed. Appointments can be scheduled weekly, bi-weekly, or once a month. At the end of every session, parents will be given a session summary sheet to keep them in the loop of the child's progress in session. If clients are going to be more than 15 minutes late to their session, the appointment will need to be rescheduled for another day or time.

## **Roles and Responsibilities:**

### ❖ **Parent/Guardian Agrees to:**

- Reinforce topics discussed in therapy at home
- Provide information from third parties if requested
- Inform therapist of updates/changes in client's behavior at home and school
- Be present in the home/office when the minor is receiving treatment (*if applicable & necessary*)

### ❖ **Youth Agrees to:**

- Be present during session
- Complete any homework assigned by the therapist
- Come to session sober

### ❖ **Counselor Agrees to:**

- Provide a safe and inclusive space for the child
- Have transparent communication with guardian regarding client's progress
- Respect client's limits and boundaries when discussing the trauma experienced

## **Cancellation Policy:**

Appointments can be cancelled via email, phone, or voice mail. 24 hour notice is not required, but is encouraged and appreciated. If three appointments are cancelled back to back, this will prompt a conversation by the therapist to discuss the client's goals in therapy. After three missed appointments that are no call/no show the client will be removed from my schedule.

## **After Hour Contact Information**

The Crime Victim Center is open Monday through Friday, 9 am to 5 pm, but your counselor's hours may vary. Please check in with them regarding their personal schedule. Counselors at Crime Victim Center do not check phone or voice messages after hours or on weekends. If you or your child are in need of crisis support or emergency services, please contact Behavioral Health Response at 314-469-6644 or Provident Life Crisis at (314) 647-4397.

## **Record Management**

Documentation is kept on a HIPAA secure online database for seven years. After seven years, the documents are archived. To access your child's records, a request must be submitted in writing with your signature. These forms can be obtained in my office. Once the request is received, please allow 48 hours for me to compile the records. Records can be picked up in person or submitted electronically, however, the most secure way to deliver files is for them to be picked up in person. If you would like your files to be submitted to a third party, the guardian must fill out a Release of Information and provide the third party's contact information.

## **Release of Information Policy**

In order to best treat your child, the therapist may require information from third parties. This could include receiving information from their primary care doctor, medical specialists, such as psychologists, Deputy Juvenile Officers (DJO), teachers, and school social workers. If this information is needed for creating/updating your child's treatment plan, the therapist will require the guardian to complete a written waiver with both the therapist and the third party in order to ensure the therapist access to the needed information. If a waiver is not completed in a timely manner, then the therapist will pause

treatment until the waiver is submitted and information is received. Once signed, waivers can be revoked at any time through verbal communication with the therapist.

### **Diagnosing/Medication**

It is the policy of the Crime Victim Center to not provide a diagnosis to our clients. In addition, staff at the Crime Victim Center are not licensed in the state of Missouri to prescribe medication. If this is a service your child needs, we can provide referrals upon request.

### **Graduation/Termination Policy:**

Clients commit to at least 15 sessions, not including the intake session with this parent/guardian. At the end of 15 sessions, the client will graduate from services at the Crime Victim Center. If additional services are still needed based upon the counselor's evaluation of the client and input from the parents then further discussion regarding treatment will occur. If the therapist determines that less sessions are needed, the therapist will consult with the parent regarding this decision.

### **Client Satisfaction Survey**

Counselors at the Crime Victim Center value feedback from our clients. A month after treatment has been completed, your counselor will send a client satisfaction survey to the address the agency has on file. Completed surveys are mailed directly to our Director of Clinical Services.

### **Client Grievance Policy**

If there is a concern or problem between you and your therapist, please use the following steps to address the grievance. For each step in the Grievance process, you will receive a written response documenting what has been done and the decisions made.

1. Discuss it verbally with your therapist first
2. If you are unable to resolve the problem, you may complete the Crime Victim Center's Grievance form. The completed form can be given to the Director of Clinical Services in person or via email at [peggy@supportvictims.org](mailto:peggy@supportvictims.org)
3. If the Director of Clinical Services is unable to resolve the problem to your satisfaction, you have the right to contact the Executive Director of the Crime Victim Center who will make a final decision.
4. If the Program Manager/Agency Administrator is unable to resolve the problem to your satisfaction, we can assist you in contacting the therapist's respective licensing department in the State of Missouri.

### **Social Media Policy**

Counselors at the Crime Victim Center do not accept friend or contact requests from current or former clients on any social networking sites. This policy is created out of concern for client confidentiality and the importance of minimizing dual relationships between the client and their therapist.

### **Extended Leave Policy**

Counselors will provide a written notice with a minimum 30 days advance notice to clients if they will be out of the office for an extended leave. Extended leave is defined as more than 14 business days out of the office. At the session before the therapist departs for an extended leave, the therapist will provide their clients with appropriate arrangements for the continuation of treatment and/or an appropriate

contact at the Crime Victim Center to reach out to if there are any concerns while their therapist is out of the office.

## **Confidentiality and Privacy Related Policies**

### **Limits of Confidentiality:**

#### **❖ Danger to Self/Danger to Others**

Based on our ethical guidelines, Licensed Professional Counselors and Licensed Clinical Social Workers have a *duty to warn* and *duty to protect*. This means that if a client states that they want to harm or kill themselves or harm or kill another person- it is the ethical responsibility of the therapist to notify the appropriate personnel to ensure the client's safety and the public's safety.

#### **❖ Abuse/Neglect Information**

Licensed Professional Counselors and Licensed Clinical Social Workers are mandated reporters in the state of Missouri. This means that if there is any disclosure or suspicion of child or elder abuse/neglect in session or to the therapist- it will be reported to the Missouri Department of Family Services Children's Division or the Missouri Elder Abuse Hotline. Below is abuse and neglect as defined by the legislation of the State of Missouri.

**Abuse** is defined in Missouri as "any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse" (210.110, RSMo).

**Neglect** is defined in Missouri as "the failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result" (192.2400, RSMo)

**Elder Abuse** is defined in Missouri as "the infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation" (192.2400, RSMo).

#### **❖ Release of Information Policy**

The client can give the therapist permission to contact third parties by filling out a "Release of Information". Counselors cannot acknowledge the client is receiving counseling services at the Crime Victim Center without one of these forms being filled out and signed. These forms can be found in your therapist's office. Once signed, these waivers can be revoked at any time through verbal communication with the therapist.

#### **❖ Court Requests**

Licensed counselors and social workers are required to disclose confidential information when there has been a court order issued for the information.

### **Supervision/Consultation**

It is best practice for counselors to engage in consultation with other licensed professional counselors or social workers in order to provide a different perspective regarding the therapeutic process. In addition, I am currently working towards becoming a Registered Play Therapist (RPT). This process requires me to attend monthly supervision with a Registered Play Therapist- Supervisor (RPT-S). During the supervision/consultation process, although information from the session is shared, identifying information is not provided and the focus on the conversation is on the therapist and how they can better work with the client. All mental health professionals are bound by the same rules of confidentiality.

### **Minors in Treatment**

Parents and legal guardians have the right to access their child's information regarding treatment. However, in order for therapy to be most effective for the minor client, *children must have an assurance of confidentiality between the youth and the therapist*. **For this reason, it is our policy that the parent/guardian agrees that information to the parent will be shared only with the youth's permission, except in situations where the youth's safety is at stake.** At the end of each session, parents/legal guardians will receive a "Session Summary" sheet in order to provide a summary of themes the youth presented within the session. Consent for treatment from the child's sole legal guardian or both parents are required in order for treatment to occur. When the child turns 18, the control of their treatment and their treatment record reverts to the child.

### **Couples and Families in Treatment**

When there is more than one person involved in treatment, such as in couples and family therapy, confidentiality is more complicated. In these cases, the unit is defined as the couple, or the family. Unless otherwise specified, information that is shared by a member of the unit within the context of that therapy cannot be considered confidential from the other parties involved in the therapy. To ask your therapist to keep secrets from other members of the unit can disrupt the trust necessary for an effective treatment. Also, to release information to third parties under such circumstances, all persons age 18 and over involved in treatment must consent in writing to that release.

## Notice of Privacy Policies

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

Effective date April 14, 2003

Please note, the Crime Victim Center will only release information in accordance with state and federal laws and the ethics of the counseling and social work professions. This notice describes the policies of the Crime Victim Center related to the use and disclosure of the client's healthcare information. The use and disclosure of protected health information for the purposes of providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. In August 1996, the federal government passed the "Health Insurance Portability and Accountability Act of 1996" or HIPPA. Among other things, this law directed by the Health and Human Services to establish regulations to prevent unauthorized uses to disclosures of health information. In the text below the federal law and regulations together will be referred to as the "privacy law." The privacy law requires that we prepare this "Notice of Privacy Practices for Protected Health Information" to describe how the Crime Victim Center may use your Protected Health Information and your rights and our duties. Your Protected Health Information (PHI) generally means your health information created or received by a counselor, which identifies or could identify you. Your PHI relates to your physical or mental health or condition, your health care, or payment for your health care.

### 1. Uses or disclosures Permitted With your Written Consent

With your consent, the Crime Victim Center is permitted to use your PHI within our office, and to disclose your PHI to others outside my office. When I use or disclose your PHI or request your PHI from someone else, we will make reasonable efforts to limit it to the minimum necessary.

Counselors at the CVC are permitted to use or disclose your PHI for the following purposes:

- ❖ Treatment: Treatment generally means providing, coordinating, and managing your health care with other health care providers (such as your doctor) or third parties (such as school teacher or counselor). Treatment also includes consultations with and referrals to other health care providers.
- ❖ We may also contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.
- ❖ Health Care Operations- Health care operations are certain administrative, legal, financial, or quality improvement activities needed to keep my practice running smoothly. Health care operations include professional accreditation, certification, or licensing, implementing and complying with government regulations and agencies, and business and professional liability insurance.
- ❖ Business Associates: I sometimes hire individuals or companies to perform certain jobs for me, for example, secretarial, copying, or billing services. The privacy law refers to these hired individuals and companies as "business associates." I may need to disclose your PHI to these business associates so they may do their jobs. To protect your privacy, their contracts with us require that they take certain steps to protect your PHI.

### 2. Uses or Disclosures Permitted Without Your Written Consent or Authorization

In limited cases, the privacy law protects permits me to use and disclose some of your PHI without your authorization or consent

Some examples of such cases are:

- ❖ Emergencies, disasters, or to avert a serious threat to health or safety. An emergency is generally defined as a situation, which requires immediate action to prevent death or serious injury.

- ❖ When required by law. For example, to report child abuse, neglect, or domestic violence, to respond to a court order or subpoena, to show government agencies that I am complying with the privacy laws.
- ❖ For public health purposes. For example, to authorized public health authorities for health oversight activities or to prevent or control disease or injury.
- ❖ For Law enforcement purposes. For example, in response to a legitimate injury from a law enforcement official investigating a crime, or to report certain types of wounds or injuries.
- ❖ Relating to decedents. For example, if the death might have resulted from criminal conduct, to identify the deceased person, to determine the cause of death, to allow funeral directors to perform their duties, or for organ donation
- ❖ Specialized government functions. For example, the PHI of veterans and armed forces personnel may be disclosed to military authorities. PHI may be disclosed for national security and intelligence activities. PHI of inmates may be disclosed to correctional officials. PHI may be disclosed to comply with workers' compensation or similar programs.

CVC will strive to release only the minimum necessary information and only to the proper authorities.

When possible and permitted, we will attempt to notify you of such uses or disclosures.

### **3. Other Uses or Disclosures**

Other uses or disclosures will be made only with your written authorization. You may revoke your authorization in writing. Since there is no charge for our services, any healthcare information will not be disclosed to third parties, such as insurance. Unless indicated by the client.

### **4. You have the right to...**

- ❖ Request restrictions or certain uses and disclosures of protected health information. I am not required to agree to a requested restriction, but, if I agree to a restriction, I am bound by that agreement.
- ❖ Request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, you may not wish to be contacted at work. Please let me know if you have any such needs.
- ❖ Inspect and copy your protected health information. We may charge a reasonable fee to cover the cost of copying, postage, or preparing written explanations or summaries.
- ❖ Amend your protected health information.
- ❖ Receive an accounting of disclosures of protected health information.
- ❖ Obtain a paper copy of this Notice upon request

### **5. Request for Access to PHI**

You must submit a request for access to inspect or copy your protected health information to me in writing. I must act on your request no later than 30 days from the receipt of your request. You have a right to inspect and copy your medical billing records. You may request to amend your medical record, but the counselor may deny the request. If denied, you have the right to file a disagreement statement. This statement must be written and signed by you and your response will be filed in the record.

### **6. Confidential Communications**

You must submit a request for confidential communications to me in writing. I may require information on details on how you wish to handle the communication or contact.

### **7. Provider's Duties**

The privacy law requires that Crime Victim Center counselors maintain the privacy of your PHI and provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice as currently in effect. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your PHI that we maintain. You may obtain a revised Notice on request.

**8. If you have a complaint**

Grievances can be submitted following the Crime Victim Center's Grievance Procedure outlined on page 3. In addition, you can file a complaint with the Secretary of the Department of Health and Human Services if you believe a counselor at CVC has violated your privacy rights. You will not be retaliated against for filing a complaint.

**9. Contact Information**

If you have any complaints or questions regarding this Notice or your health information, please contact Crime Victim Center at our mailing address below:

Crime Victim Center  
Attn: Director of Clinical Services  
539 North Grand Blvd, Suite 400  
St. Louis, MO 63103