

# Amy Fuller, PhD

## Licensed Professional Counselor Licensed Marriage and Family Therapist

Information for New Clients

### WELCOME!

Congratulations on taking a brave step toward healing! The following information is meant to help answer any administrative questions you may have about Dr. Amy Fuller or the services she offers to individuals, couples and families.

### About Amy Fuller, PhD

Both a Licensed Professional Counselor and a Licensed Marriage and Family Therapist, Dr. Amy Fuller has extensive experience in assisting children, adolescents, individuals, families and marriages. She received comprehensive didactic and clinical training at Abilene Christian University, while completing a Masters degree in Marriage and Family Therapy. After working as a director of youth and children's programs in church settings, Dr. Fuller gained expertise as a family preservation specialist for Child Protective Services and as a team leader for a home-based counseling agency. In addition, she served on the Methodist Hospital Psychiatric Assessment Team, providing crisis intervention and assessment of acute patients. Dr. Fuller holds a doctoral degree from St. Mary's University in Marriage & Family Therapy.

Currently, Dr. Fuller provides individual, marriage, and family therapy to clients in the private practice setting. Her clinical expertise is matched by an articulate and well developed presentation style which is comprehensive and yet comprehensible. Dr. Fuller approaches her clients with warmth, empathy, and a non-judgmental, confidential professional style. Dr. Fuller integrates value and faith-based aspects when appropriate within the therapeutic context.

Her therapeutic approach is based on a collaborative model which allows clients to address past and present difficulties and hurts in a safe and secure relational framework. By empowering and equipping clients, previously hopeless situations now represent new opportunities for healing.

Dr. Amy Fuller has been married to her husband, David Fuller, for over ten years and they have two children. Dr. Fuller is a follower of Jesus Christ and, along with her family, is active within her church.

### Counseling Goals

Dr. Fuller is goal-oriented, utilizing mutually constructed and clearly defined objectives usually determined in the first or second session. Goals are positive in nature, focused on finding solutions, healing, and peace in life's difficulties. Counseling can be an effective way to address many different life problems. However, much of the work in reaching these goals will come in the hours outside of counseling as one begins to make small changes in his or her life.

### Rights of a Client

In order to assist our clients in overcoming personal and family difficulties it is imperative that things discussed in counseling be kept private. Therefore, Dr. Fuller upholds strict policies regarding confidentiality.

Issues discussed in therapy with children or adolescents is confidential and will not be disclosed to parents. Dr. Fuller does discuss assessment issues and treatment goals with parents and will involve parents in treatment if necessary.

The following are some limits to the confidentiality of a professional counselor:

- ◆ Under subpoena from a judge, in criminal or federal matters, a therapist may be required to disclose confidential client-therapist information.
- ◆ In addition, most insurance companies require clinical information before they will pay for services. The client should indicate a billing preference on the intake form.
- ◆ Professional counselors are required to report the following to appropriate agencies: if a client appears to have intent to harm themselves or others or if there is indication of physical, sexual, or emotional abuse or neglect to children, elderly, or handicapped persons.
- ◆ Our offices maintain separate billing and clinical records; however, administrative staff will have access to invoices and other information needed for billing or scheduling purposes. This includes, but is not limited to diagnosis, address, date and time of service.

## Services Available

Dr. Fuller offers individual, marital & family therapy to adults, children, adolescents and families. Sessions begin meeting weekly generally last 45-50 minutes.

## Fees for Services

Diagnostic/First Session	\$185
Individual Session 45-50 minutes	\$185
75 minutes	\$250
Marital/Family Session 45-50 minutes	\$185
75 minutes	\$250
Reports or Requests for Letters	Varies

**Consultation:** \$250 per hour  
This includes the following: telephone consults greater than 10 minutes, ARDs, travel time to and from meetings, weekend sessions, after hour emergency phone calls, or other services. Insurance companies do NOT cover these services.

**Legal Proceedings:** \$350 per hour  
Dr. Fuller will only appear at a court proceeding when subpoenaed. A block of time must be scheduled in order for Dr. Fuller to appear in court, which prohibits her from scheduling other clients. If cancelled in less than 24 hours notice the full fee will be charged. The fee applies to travel time and time "on-call", whether or not testimony is given.

## Scheduling

Follow-up sessions are scheduled at the conclusion of the session. To schedule an appointment please call Dr. Fuller 's office at (281) 915-2853 or [amy@amyfullerphd.com](mailto:amy@amyfullerphd.com). Appointments are offered Monday, Tuesday, Wednesday and Friday during daytime hours.

When you arrive, please be seated in the lobby and she will be with you shortly. If you arrive late to the session please look to see if Dr. Fuller's door is open or closed. If the door is open, please come in. If the door is closed, have a seat in the waiting room, and she will be with you as soon as possible. If Dr. Fuller is running late, she will adjust her schedule so as to provide a full session to each client. If the client is late, Dr. Fuller will end the session at the hour or upon the arrival of her next client.

After the first session, a personal login can be assigned for self-scheduling via Dr. Fuller's online scheduling. Any questions can be answered by Dr. Fuller's Office at (281) 915-2853.

## Payment for Services

The client is responsible for payment of counseling and other services utilized. Dr. Fuller does accept many insurance plans as an out of network provider. Payment for sessions is due in full at the time of service regardless of insurance billing. As a complementary service, Dr. Fuller will have the insurance company billed and the client will be reimbursed by the insurance company. Dr. Fuller accepts check (payable to Dr. Amy Fuller), credit card or cash. There is a \$35 fee for returned checks. **A Credit Card is required to be on file and this can be automatically deducted to save time at the end of session.**

**SELF-PAY—Do not file insurance:** Many clients chose to pay for counseling instead of using health insurance so as to not affect future coverage.

**SELF-SUBMIT TO INSURANCE:** Others chose to personally submit the receipt to the insurance company after paying for counseling up front in order to be reimbursed. Dr. Fuller will provide a receipt called a superbill to submit.

**INSURANCE:** Dr. Fuller's office will submit claims for counseling to the insurance company as a complimentary service. The client pays the full fees and is reimbursed by insurance. Once the intake form has been completed, the insurance information can be verified and Dr. Fuller's office will inform the client of insurance benefits and coverage for psychotherapy.

## Cancellation Policy

If you cannot keep your appointment, please notify Dr. Fuller's office as soon as possible at (281) 915-2853. If you do not give 24 hours notice, a \$60 fee will apply the first time. The second time this happens, a \$120 fee will apply. If it happens again then the full fee will apply for the session and all future sessions.

## Referrals

Your referral to others is the highest complement you can give. If you do suggest our offices to friends or family members, we greatly appreciate it.

## Location

Dr. Fuller's office is located in the southwest corner of Houston just inside Loop 610 on Bissonnet. Covered guest parking is available in the ground floor parking area. Additional parking to the right and left of the building.

4545 Bissonnet, Suite 289  
Bellaire, TX 77401  
(281) 915-2853  
[www.amyfullerphd.com](http://www.amyfullerphd.com)  
[amy@amyfullerphd.com](mailto:amy@amyfullerphd.com)

## Credentials

Licensed Professional Counselor

Licensed Marriage & Family Therapy

"Healthy Families, Healthy Kids" Certified Educator

Experienced EMDR Clinician (Eye Movement Desensitization and Reprocessing Therapy)

Fully Trained as Clinical Hypnotherapist by the Erickson Institute of Dallas.

Master's Degree (MMFT) in Marriage and Family Therapy

Doctoral Degree (PhD) in Marriage and Family Therapy

## Professional Memberships

American Association of Christian Counselors

Clinical Member of the American Association of Marriage and Family Therapy

EMDRIA (Eye Movement Desensitization and Reprocessing International Association)

Association for Play Therapy

Access Referral Network

Texas Association for Play Therapy

## Common Issues Addressed:

### For Children and Adolescents:

Abuse and Neglect  
Play Therapy  
Depression, Anxiety, Bipolar  
Adolescent and Family Issues  
Self-Esteem Issues  
Attachment Disorders  
ADD/ADHD  
School Problems  
Divorce & Post-Divorce Issues  
Traumatic events (EMDR)

### For Individuals:

Depression  
Anxiety  
Anger & Stress Management  
Christian and Spiritual Counseling  
Sexual Abuse Survivors  
Personality Disorders  
Crisis Intervention  
Women's Issues  
Guilt-Forgiveness Issues  
Grief-Loss-Bereavement Issues  
Personal Growth and Development  
Dealing with Traumatic Events (EMDR)  
Bipolar Disorder  
Dissociative Disorders

### For Families and Couples:

Marital or relationship issues  
Pre-marital Therapy  
Blended/Step-Family Issues  
Adoptive Issues  
Parenting Issues and Education  
Conflict Resolution  
Communication Skills and Education  
Intimacy Issues / Sex Therapy  
Divorce Recovery

### For Mental Health Professionals:

Clinical Supervision for Licensed Professional Counselors

Clinical Supervision for Marriage and Family Therapists.

# NOTICE OF PRIVACY PRACTICES

**This notice describes how medical and mental health-related information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully.**

## *Introduction*

At Fuller Life Family Therapy, we are dedicated to using and disclosing your protected health information in a responsible way. This notice applies to the medical, mental health, and, if applicable, drug- and alcohol-related records that are generated by Fuller Life Family Therapy. The term “protected health information” refers to information you share with us or which arises while we are serving you. This Notice of Privacy Practices explains how we may use and disclose your protected health information and our legal duties to protect the privacy of health records that we create or receive. It also explains your rights as they relate to your protected health information.

This notice is effective August 1, 2011, and applies to all protected health information as defined by federal regulations.

## *Confidentiality and Privacy of Client Records*

The confidentiality and privacy of client records maintained by this program is in accordance with the ethical standards set by the Licensed Professional Counselor Board, the American Association of Marriage and Family Therapists Board, and laws governing the licensure of these bodies, where applicable. In addition, Fuller Life Family Therapy complies with federal regulations. These regulations include the Health Information Portability and Accountability Act (HIPAA) and Federal Confidentiality Regulations (42 CFR Part 2) governing federally assisted alcohol and substance abuse programs. Information revealed by an individual or individuals, or otherwise obtained by a Fuller Life Family Therapy member, will be kept confidential and private. Generally, the program may not say to a person outside the program that a client attends the program or disclose any information identifying a client as someone who has a substance problem. Please note the exceptions listed under “The Type of Use and Disclosures We May Make.”

## *The Type of Uses and Disclosures We May Make*

**Generally, your protected health information will be disclosed only if you sign a written authorization.** Under certain circumstances, however, we may use and disclose your protected health information without your knowledge and as a part of our regular operations. The following gives you examples of the ways in which your protected health information may be used and disclosed. Not every possible use or disclosure is covered, but all of the ways we are allowed to use and disclose information fall into one of these categories:

**•We will use your health information for your treatment at Fuller Life Family Therapy.** For example: Information obtained by a Fuller Life Family Therapy staff involved in your health care will be recorded in your clinical record and used to determine the course of treatment that should work best for you. Information gathered may be used for creating an assessment, developing a treatment plan, recording your progress in treatment, and assisting in writing your after-care plan.

•**We will use your health information for regular health care operations at Fuller Life Family Therapy.** For example: We may use your health information for such quality improvement purposes as reviewing our treatment and evaluating the performance of our staff in caring for you. To help us assess the quality of our services, we may ask you to fill out client satisfaction surveys.

•**We may disclose your health information to medical personnel in an emergency situation.** For example: If you cannot make decisions because of a medical emergency, we may disclose your health information to medical personnel involved in your care. We will let you know that this information has been disclosed and will make every effort to obtain your written authorization as soon as the emergency situation has ended.

•**We will disclose your health information to help prevent serious harm to you or others.** For example: If you tell us, or give us reason to believe, that you have a clear plan to hurt a specific person or yourself, we will disclose your health information to help prevent serious harm. However, any such disclosure will be only to someone able to help prevent the threat of serious harm.

**We will disclose your health information to report incidents of suspected child abuse and/or neglect.** For example: If you tell us information concerning suspected child abuse and/or neglect, we are required by Texas law to disclose this information.

•**We may disclose your health information to our business associates.** Some services are provided to Fuller Life Family Therapy through our business associates. For example: outsourced insurance billing. When services are contracted, we may disclose your health information to our business associates so they can do the job we've asked them to do. Our contracts with our business associates require them to protect your health information.

•**We may disclose your health information to respond to third-party payer audits.** For example: Third-party payers may request that we give evidence of services provided. For that purpose, we allow them to inspect treatment and other records. Your health information may be requested and reviewed by auditors as part of that process. The information that auditors review is expected to remain confidential.

•**We will disclose your health information to law enforcement, under certain circumstances.** For example: If we receive a court order, we will disclose your health information. If you commit, or threaten to commit, a crime on the premises or against program personnel, we may disclose your health information to law enforcement officials.

•**We may disclose your health information to individuals involved in disaster relief.** For example: If a disaster occurs, we may disclose health information about you to some agencies assisting in a disaster relief effort.

•**We may disclose your health information, under certain circumstances, for research purposes; however, all specific individual identifying information will be kept confidential.** For example: In limited circumstances, we may disclose your health information for research purposes, when the Privacy Board of Fuller Life Family Therapy has approved a waiver of authorization. The health information a prospective researcher reviews may not leave the facility.

**For clients receiving mental health treatment, we may disclose your health information for purposes of treatment, payment, and health-care operations.** For example: We may disclose your health information to your physician in order to assist your treatment. If your insurance coverage is denied, we may disclose your health information to an alternative funding source in order to receive payment. We may disclose your health information to coordinate your case management.

**•We may disclose your health information when required to do so by law.** For example: We will disclose health information about you when required to do so by federal, state, or local law.

### *Your Health Information Rights*

Although your health record is the physical property of Fuller Life Family Therapy, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request;
- Inspect and copy your health record as provided for in 45 CFR 164.524;
- Amend your health record as provided in 45 CFR 164.528;
- Request copies of authorizations that we have asked you to sign;
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- Revoke (in writing) your authorization to use or disclose health care information, except to the extent that action has already been taken.
- Request confidential communication of your health care information.

You have a right to request that we communicate with you about health matters in a certain way or at a certain location. For example, when we contact you about appointments, treatment information, etc., you can ask that we contact you only at work or only by mail at your home. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests. In the event that you do not specify how or where you wish to be contacted, Fuller Life Family Therapy will make reasonable efforts not to reveal our identity and our relationship to you.

### *Our Responsibilities*

Fuller Life Family Therapy is required to:

- Maintain the privacy of your health care information;
- Provide you with this notice regarding our legal duties and privacy practices regarding information we collect and maintain about you;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information in a confidential manner;
- Abide by the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health care information we maintain. If we change our information practices, we will provide a revised notice to you, either in person or by mail at the address you've supplied us.

In addition, any revisions to this notice will be posted on the Fuller Life Family Therapy Web site. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health care information after we have received a written revocation of the authorization, according to the procedures included in the authorization.

*For More Information or To Report a Problem* If you have questions or would like additional information, you may contact Fuller Life Family Therapy's privacy officer at 281-915-8253 or write: **Privacy Officer, Fuller Life Family Therapy, 4545 Bissonnet, Suite 289, Bellaire TX 77401**. If you believe your privacy rights have been violated, you may file a complaint with your program's director or with the privacy officer at the above address. All persons also have the right to file a complaint with the Office for Civil Rights, U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint with Fuller Life Family Therapy, the Department of Mental Health, or the Office for Civil Rights.

Acknowledgement Cover Sheet (To be kept on file in client chart)

I, \_\_\_\_\_, hereby acknowledge that I have received the Notice of Privacy Practices from Fuller Life Family Therapy, with an effective date of August 1, 2011.

\_\_\_\_\_  
Signature of Client, or  
Signature of Legal Guardian, or Signature of Parent of Minor Child

\_\_\_\_\_  
Date