

Counselor: Madelyn Claybon MA, CIT

(314) 699-4227

Mclaybon9@gmail.com

Madelyn is a CIT under the direct supervision of Julia Luechtefeld, MA, LPC. She completed her Master of Arts in Counseling with an emphasis on Clinical Mental Health at Lindenwood University. She received a Bachelor of Science degree in Social Work from Saint Louis University and is a member of the PHI ALPHA Honor Society. She aspires to collaborate with individuals of all walks of life, married couples and families building stronger relationships and communication skills using a variety of counseling therapy approaches. In addition, she is a great listener, sensitive, and enthusiastic about helping individuals through trying and difficult events in their life.

Supervised by: Julia Luehefeld MA, LPC

(636)375-6318

[juechtefeld@renewclinicalcounseling.com](mailto:juechtefeld@renewclinicalcounseling.com)

Julia Luechtefeld is a Licensed Professional Counselor in the state of Missouri and board approved in MO to supervise provisionally licensed professional counselors. She earned a Master's in Rehabilitation Counseling from Maryville University of St. Louis, MO, and completed a graduate certificate program in play therapy from MidAmerica Nazarene University of Olathe, KS. She holds a Bachelor's in psychology from Maryville University of St. Louis, MO. In addition, Julia is a Certified Play Therapist and an active member of the American Counseling Association and the Association for Play Therapy. Julia's areas of expertise include play and individual therapy, to address the common challenges associated with grief, anxiety, depression, bipolar disorder, trauma, phobias, relationship issues, and life transitions. My training and experience have provided me with the ability to clinically address mental health issues and other issues, such self-harm and suicidal ideation. I approach counseling from an eclectic and person-centered lens, and often utilize CBT.

#### CLIENT INFORMATION

Full Name:

1) \_\_\_\_\_ SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

2) \_\_\_\_\_ SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Cell phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Is it okay to leave you a message? Yes No

I prefer messages left on the following number: (Please Circle) Home Work Cell

Email: 1) \_\_\_\_\_ (2) \_\_\_\_\_

Employer 1) \_\_\_\_\_ (2) \_\_\_\_\_

#### INSURED/RESPONSIBLE PARTY INFORMATION

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ SS#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

#### GENERAL INSURANCE INFORMATION

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Other

Employment Status: \_\_\_\_\_ Employed \_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Not employed \_\_\_\_\_ Student.

I authorize use of this form with all my insurance submissions. I authorize the release of information to my insurance company. I understand that I am responsible for the full amount of my bill for services provided. I authorize direct payment to my service provider. I hereby permit a copy of this to be used in place of the original. If I decide not to use my insurance and self-pay, I understand no information will be given to my insurance company.

Print Your Name (1): \_\_\_\_\_

Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name (2): \_\_\_\_\_

Signature (2): \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

How did you learn about Madelyn Claybon: \_\_\_\_\_ Physician \_\_\_\_\_ Friend \_\_\_\_\_ Web site \_\_\_\_\_ Insurance Company?  
\_\_\_\_\_ Employee Assistance Program \_\_\_\_\_ Other: \_\_\_\_\_

**PRIMARY CARE PHYSICIAN CONSENT TO USE & DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

I authorize Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to contact my Primary Care Physician (PCP) regarding my medical conditions as well as information pertaining to my psychological and emotional functioning. This information will be useful in treatment planning. I authorize the release of the information verbally or in writing. I am aware that this is encouraged by my insurance company.

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have the following health problems: \_\_\_\_\_

I take the following medications: \_\_\_\_\_

- I do not permit Madelyn Claybon, MA, CIT supervised by Julia Luechtefeld, MA, LPC to contact my Primary Care Physician.
- I do permit Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to contact my Primary Care Physician
- I do not have a Primary Care Physician.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**PSYCHIATRIST CONSENT TO USE & DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

I am currently under the care of a psychiatrist. I authorize Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to contact my psychiatrist regarding my mental health care, services, and treatment planning. I authorize contact to be verbal or written.

Psychiatrist Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I take the following medications: \_\_\_\_\_

- I do not permit Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to contact my psychiatrist.
- I do permit Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to contact my psychiatrist.
- I do not have a psychiatrist.



Your relationship with your therapist is a professional relationship. To preserve this relationship, the therapist cannot have any other type of relationship with you. Any personal or business relationships with you will undermine the effectiveness of the therapeutic relationship and therefore is strictly prohibited. Your therapist is committed to your mental health but is not able to become socially or personally involved with you. Please note that the therapist cannot accept any gifts, or barter/trade services.

#### SESSIONS

Individual Therapy sessions are 60 minutes in length. The number of sessions needed depends on various factors and can be discussed during your session.

#### APPOINTMENTS & CANCELLATIONS

To schedule an appointment, please call my office number (314) 699-4227 if you think that you will be unable to attend a scheduled appointment, please provide a 24-hour notice or you will be charged \$25 for a missed appointment. If you miss an appointment, it is your responsibility to contact the therapist to reschedule. **If you do not show up for an appointment, and do not call to cancel your appointment within 24 hours of the missed appointment, all future scheduled appointments will be canceled.** The therapist will provide reminder calls about your upcoming appointment.

#### CONFIDENTIALITY:

All sessions with your therapist are confidential. No information will be released without your written consent. However, there are some exceptions including, but not limited to the following:

1. All insurance companies require that a provider furnish a diagnosis and sometimes a treatment plan of each client to justify the necessity of treatment and payment. Your insurance company paying for services may have a right to review all your treatment records.
2. Missouri State Law demands that all providers report any suspected physical or sexual abuse to the appropriate Child or Elderly Hotline Services, which is then reported to the appropriate agency for investigation.
3. Missouri State Law and Professional Ethics require all providers to report if a client is homicidal or suicidal. This is reported in order to help the client rather than harm the client. Therapist also has a duty to warn any person who is a potential target for harm by a client. Therapist will notify targeted person and law enforcement of any such threats.
4. If a Federal or State Court requests the release of records, the provider must comply, with certain exceptions.
5. Most insurance companies require that a provider keep a patient's "Primary Care Physician" informed of his/her mental health treatment. By signing the consent, you agree to allow me to keep your physician informed at my discretion.
6. A fee dispute between the therapist and client.
7. A negligence suit brought by the client against the therapist, or a complaint filed with a licensing board, or other state or federal regulatory authority.

For further information, please review the Notice of Privacy Practices handout provided to you by the therapist. If you have additional questions, please address them with the therapist. By signing this information and consent form, you are giving consent to the understated therapist to share confidential information with all persons mandated by law and with the managed care company and/or insurance carrier responsible for providing your mental health services and payment for those services. You are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

#### DUTY TO WARN

I designate the following people to be contacted if I am in danger:

NAME

RELATIONSHIP

TELEPHONE NUMBER

1) \_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

2) \_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party if other than client

\_\_\_\_\_  
Date

Therapist Signature

Date

\_\_\_\_\_  
Supervising Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_ Client received a copy.

\_\_\_\_ Client declined a copy.

Notice of Privacy Practices  
Jean E. Moretto, Inc.  
(Effective April 15, 2003; amended August 1, 2013)

*This notice is developed in compliance with the Health  
Insurance Portability and Accountability Act of 1996 (45CRF)*

If you are a client of Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, this notice describes how your health information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

*I. Understanding Your Health Record/Information*

As a client of Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, a record is kept of your visit. This record contains your reason for seeking services, symptoms, diagnosis, and a plan of treatment for future services. Although this record is the property of Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, the information within the record belongs to you. This information is considered your "Protected Health Information" (PHI) and is afforded certain protections under the law.

*II. HITECH Amendments:* Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, has included HITECH Act provision to its Notice as follows:

HITECH Notification Requirements. Under HITECH, Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC is required to notify clients whose PHI has been breached. Notification must occur by first-class mail within sixty (60) days of the event. A breach means the acquisition, access, use or disclosure of PHI in a manner not permitted under the Privacy Rule which compromises the security or privacy of such information. This Notice must: (1) contain a brief description of what happened, including the date of the breach and the date of discovery; (2) the steps the individual should take to protect themselves from potential harm resulting from the breach; and (3) a brief description of what Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Cash Clients

HITECH provides, that is a client pays in full for their services out of pocket, they can demand that the information regarding the service not be disclosed to the client's health plan since no claim is being made to the health plan.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in electronic format, and to direct Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to send the e-health record directly to a third party. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, may only charge labor costs under these new rules. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC currently does not participate in E-Health Records, when this becomes an option, all clients will be notified.

III. *Your Rights Regarding Your Health Information*

You have the following rights with respect to your protected health information:

1. You have the right to request in writing that your protected health information not be used or disclosed by Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, for treatment, payment, or administrative purposes or by to persons involved in your care except when specifically authorized by you. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC will consider the request, but is not legally bound to agree to the restriction unless it pertains to disclosures to a client's health plan concerning an item or service for which Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC has been paid out-of-pocket in full. To the extent that she does agree with any restriction, she will put the agreement in writing and abide by it except in emergency situations. She cannot agree to limit uses/disclosures that are required by law.
2. You have the right to request that Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC contact or send you information at an alternative address or by an alternative means. She will agree to your request as long as it is reasonably easy for her to do so.
3. You have the right, within the limits of Missouri statutes, to inspect and copy your protected health information. Any such requests must be made in writing. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC will respond in writing to such a request within 30 days. If you request copies, Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC may charge you a reasonable cost for copying.
4. You have the right to submit a request to amend your information if you believe that information in your record is incorrect or if important information is missing.
5. You have the right to receive an accounting of certain disclosures of your protected health information.
6. You have a right to receive this Notice in paper and/or in electronic format.

IV. *Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC Duties*

1. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC is required to abide by the terms of this Notice currently in effect, and
3. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC reserves the right to change the terms of this Notice and make the new Notice provisions effective for all protected health information that she maintains. Should J Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC make changes in its Notice, she will post the changed Notice in the office waiting area. You may request a copy of the Notice at any time.

VI. *Complaint Procedure*

If you are concerned that Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC has violated your privacy rights, please contact her. You have the right to file a complaint with her or with the Board of Walter's Walk and/or with the Secretary of the Federal Department of Health and Human Services. Under no circumstances will any action be taken against you to file a complaint.

By signature, I confirm that I have received this Notice relative to the use of my protected health information.

\_\_\_\_\_  
Client or Guardian Signature

\_\_\_\_\_  
Date

Client received a copy

Client declined a copy

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Date

Walter's Walk  
737 Dunn Road  
Hazelwood, MO 63042  
314-699-4887

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC invited me to engage in a telehealth consultation.
2. Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/ Madelyn Claybon, CIT, supervised by Julia Luechtefeld, MA, LPC visit since I will not be in the same room as she.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC, during which I had the opportunity to ask questions in regard to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.

CONSENT TO USE TELEHEALTH OPTION

Telehealth through Therapy Notes is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by Therapy Notes is **NOT** an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC and I may be in direct, virtual contact through this Telehealth Service, neither provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Therapy Notes facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. I do not assume that Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC has access to any or all the technical information in the Telehealth by Therapy Notes – or that such information is current, accurate or up to date. I will not rely on Madelyn Claybon, MA, CIT, supervised by Julia Luechtefeld, MA, LPC to have any of this information in the Telehealth by Therapy Notes.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date