

INFORMED CONSENT FOR PSYCHOTHERAPY AND/OR CREATIVE THERAPY (UPDATE 4/4/26)

This information applies services conducted by Cara Weeks Neuburger, Sunflower Art Therapy, at the Lawrence Creative Therapy Center or Art Therapy Graduate Interns being supervised by Cara Weeks Neuburger. The Lawrence Creative Therapy Center is a collective of providers. Affiliated providers are not employed by the Lawrence Creative Therapy Center and each operate their own independent practices and businesses.

General Information The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with your provider. Please read and indicate that you have reviewed this information and agree to it by filling in the electronic signature at the end of this document or signing consent acknowledgment in the office.

The Therapeutic Process:

You have taken a very positive step by deciding to seek therapy/creative therapy. The outcome of the therapeutic process depends on our collaboration and your participation in the process of developing goals and identifying needs. At times this can involve remembering unpleasant events and exploring feelings which can at times be difficult or uncomfortable. We cannot promise a specific outcome to the therapy process and encourage you to share any concerns or distress with your provider so that we can respond together. We can promise to support you and do our very best to understand you and your concerns, collaborate in developing ways to alleviate distress and improve situations, as well as to help you clarify what it is that you want and need for yourself. We strive to approach all therapy relationships with respect and collaboration in the development of therapeutic goals and processes and view each individual as the expert of their experience. We encourage each person to speak up if any elements of the therapeutic process feel uncomfortable or if our work is not fitting with a person's goals or needs.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or any identifying information.

If you are participating in therapeutic groups you and all group members are asked uphold confidentiality and refrain from discussing the content from the group activity or information shared by others outside of the group setting. If you have concerns about a group process or a fellow group member please speak with the therapist

leading the group. Members who are not upholding the privacy of the group will be asked to leave the group. Group facilitators will do their best to ensure privacy is maintained but cannot guarantee that all participants of the group will uphold confidentiality practices.

If you see your provider accidentally outside of the therapy office, they will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and do not wish to jeopardize your privacy. However, if you acknowledge your provider first, they will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

About the therapist (s)

Cara Weeks Neuburger holds the following professional credentials: Registered Art Therapist-Board Certified (ATR-BC) with the Art Therapy Credentials Board (www.ATCB.org), Licensed Clinical Professional Counselor (LCPC) with the state of Kansas, and Licensed Professional Counselor (LPC) with the state of Missouri.

Other providers at The Lawrence Creative Therapy Center include the following:

Wendy Lynch, ATR-BC, LCPC, LCAC; Kelli Verble, LSCSW; Charlie Spear, LPC; Tina Brackman, LCPC; Christie Scanlin Dobson, RDT; Jason Sanders, LCPC; Kori Staab, MT-BC

We are committed to providing the best professional care possible and will collaborate with you to create a psychotherapy treatment plan that best fits your needs and mental health goals. If we believe we are unable to meet your needs or do not have the necessary training to adequately address your needs we will aid in finding referrals for alternate sources of care. We strive to create a safe place for individuals to feel comfortable speaking openly about themselves and their lives. We have an open door policy where individuals are free to discuss topics relative to themselves, their identity, their cultures, or their personal stories. We will always strive to respect a person's wisdom, experiences, and preferences while also maintaining awareness of how our own lived experiences influence understanding.

We are trained in a number of therapeutic approaches. Below are a few areas of training that inform my practices:

- Dialectical Behavioral Therapy (DBT)
- Trauma informed care
- Person-centered care
- Strengths based treatment
- Creative arts therapies
- Mindfulness and self-compassion

About the creative therapies process

Creative therapy is the use of creative arts processes to improve and enhance the physical, mental and emotional wellbeing of individuals. Creative therapies are differentiated from other creative arts professions because the focus of the creative activity is not simply on the creative product. The primary focus of the creative activity is to help a person reach a therapeutic goal. Creative therapies are conducted by professionals trained in fields such as art therapy, play therapy, music therapy, drama therapy and related professions.. Typically a master's degree and professional registration. Some common goals of expressive therapies include: managing symptoms, increasing hope, managing emotions, increasing positive self-image, gaining insight into challenges, self-expression, and reducing anxiety.

Creative therapy is generally an enjoyable and enriching processes. However, there are a few risk factors to be aware of:

Art Materials -some art materials may stain clothing or have strong odors. You are advised to wear clothing that you will not mind getting stained. Additionally, you should inform me of any allergies or respiratory problems that could be aggravated by dust or chemicals.

Physical exertion - Some creative processes require repetitive motions or physical exertion. Many times accommodations can be made to support the use of the materials or the activities involved. Let us know of any injuries or conditions that could impact your participation.

Emotional expression - Creative expression can provide powerful outlets for expressing or evoking emotions or

memories. Creative therapists have training to help guide this process in ways that feel safe and comfortable. Please inform your provider if the creative process triggers thoughts or feelings that are distressing or overwhelming.

Handling of artwork or other creative products:

The creative projects you produce during your creative therapy appointments are your property. You may take them home at any time. You may store works in progress at The Lawrence Creative Therapy office during the time you are participating in services but will be responsible for taking your creative products with you at the end of your services. Artwork or other products of the therapy sessions will not be shared publicly without your signed consent. Artwork left behind will be retained in storage for 6 months after you end participation. Audio, video, or image files created electronically during the art therapy process will be treated with privacy and the same respect as hand created products. Electronic files of artwork are your property. Files may be stored on password protected technology during the course of treatment and will be deleted after 6 months of ending the service.

During the course of the therapeutic process we may request permission to photograph your creative expressions to include in your clinical file. Photographs of artwork will be protected with the same privacy practices as all other health information.

Creative Therapy Groups

Creative Therapy Groups at the LCTC are conducted by therapists professionally trained in creative approaches to therapy and wellness. Please check with your group leader whether the group is eligible for insurance billing. Groups billed to insurance are considered psychotherapy groups. Groups and workshops that are not eligible for insurance billing are focused on mental health and wellness practices and are not intended for the diagnosis and treatment of specific mental health disorders. For all groups we request that all group member maintain confidentiality and not share names or information about other group members outside of this group. The group leaders are bound to uphold the confidentiality rules outlined above. Participants of group therapies should be mindful that the group leader will do their best to maintain a confidential group environment but cannot control the actions of others in the group. Individuals who do not respect the privacy of others in the group or act in such a way that it disrupts the effectiveness of the group process and participation of others will be asked to end participation in the group.

Crisis situations

We will do our best to return phone calls, emails, or patient portal messages in a timely fashion. However, I do not have availability to provide 24/7 coverage of messaging systems. In the case of emergency, such as being at risk of danger or having thoughts/taking actions of harming yourself or others, you should call 911, go to the closest emergency room, and/or contact the 24-hr crisis hotline (National Suicide Prevention Lifeline Center - call or text 988, Kansas Suicide Prevention Headquarter (Lawrence Ks location): 800-273-8255 or 785-841-2345 , Kansas Crisis Hotline for domestic violence or sexual assault: 1-888-END-ABUSE (1-888-363-2287)). Please notify your provider of any crisis situation or hospitalization. We will coordinate with you and your support team to provide a plan of care that will help stabilize the crisis and provide the support needed.

Unexpected Therapist Absence.

In the event that your provider has an emergency that prevents them from attending an appointment they will make every effort to contact you personally to notify you and aid in planning any supports needed. If an emergency situation occurs where they are incapacitated and unable to personally contact you they have a Professional Will, or related document, in place that outlines procedures for an Executor and Secondary executor to contact you on their behalf and develop a plan in response to the situation. Please let your provider know if you would like the names of the Executor and Secondary Executor. The Executor and Secondary Executor are authorized to access your treatment and financial records only in accordance with the terms of the Professional Will, or related document, and only in the event that your provider experienced an event that has caused or is likely to cause a significant unplanned absence from practice.

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

Sunflower Art Therapy at the Lawrence Creative Therapy Center
Cara Weeks Neuburger, ATR-BC, LCPC (Executive Director)
306 East 23rd St, Lawrence KS 66046, (785) 424-7410
PRACTICE POLICIES (Updated 4/8/26)

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APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. **You will be responsible for a \$30 administrative fee if an appointment cancellation is less than 12 hours.** We reserve the right to waive this fee in special circumstances. This administrative fee is necessary because a time commitment is made to you and is held exclusively for you.

If you are late for a session, the session be shortened and will end at the pre-scheduled stop time. The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

If you do not show for three consecutive appointments and do not provide advanced notice of cancellation, unless other arrangements have been made in advance, for legal and ethical reasons, We must consider the professional relationship discontinued and you must contact us to discuss the availability of resuming services.

TELEPHONE ACCESSIBILITY

If you need to contact your provider between sessions, please leave a message on your providers voicemail. If your provider is not immediately available, they will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, Telehealth or phone sessions may be available for individual sessions.

If you are in an emergency situation, such as being at risk of danger or having thoughts or taking actions of harming yourself or others, you should call 911, go to the closest emergency room, and/or contact the 24-hr crisis hotline (National Suicide Prevention Lifeline Center - call or text 988, Kansas Suicide Prevention Headquarter (Lawrence Ks location): 800-273-8255 or 785-841-2345 , Kansas Crisis Hotline for domestic violence or sexual assault: 1-888-END-ABUSE (1-888-363-2287)).

Please notify your provider of any crisis situation or hospitalization. We will coordinate with you and your support team to provide a plan of care that will help stabilize the crisis and provide the support needed.

Current methods of contacting the LCTC include phone (785) 424-7410 (voice or texting) , email- cara@sunflowerarttherapy.com, or secure messaging through the client portal.

NOTE- text message appointment reminders occur through an automated system. Please do not reply to these text because responses do not go through.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, your provider can not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including email and text messages. If you prefer to communicate via email or other electronic messaging for issues regarding scheduling or cancellations, we will do so. Your provider will try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. Your provider will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Parental Involvement: A feeling of privacy and safety is needed for the therapy process to be successful for a child. We encourage each parent to provide updates about their child's well-being and will provide both parents with updates on the treatment plan, general concerns and progress of the therapy process. Additionally, we encourage parental participation in the therapeutic process. Joint sessions or individual consultations with the parent or child may be recommended to aid in such things as implementing coping skills at home or problem-solving situations occurring with the child. However, it is also necessary to establish a "zone of privacy" so that children feel free to discuss personal matters with greater freedom. To do this your provider will seek the child's permission before sharing specific information about conversations had or content created in the sessions. The same privacy will be given regarding communications with parents/guardians. This privacy will be waived for concerns about risk of harm, although consent prior to disclosure will still be sought.

ANIMALS IN THE OFFICE

Service Animals are allowed within the office space. A service animal is defined under the Americans with Disabilities Act (ADA) as a dog/animal that has been individually trained to do work or perform tasks for someone with a disability, and that the work performed is directly related to the disability.

Emotional Support Animals (ESA) may be allowed in the office with prior approval from the provider. ESAs do not require individual training, are not recognized by the ADA, and be excluded from most public places. However, the therapist or provider may approve the presence of an ESA if the animal's presence will aid in an individual's feelings of safety and calm within the therapy environment. For an ESA to be approved it must be able to abide by the following expectations: The animal will not damage property. The animal will not provide a distraction to the therapy process. The animal will not create discomfort or interact in an intrusive way with other people in the building.

RECORDING DEVICES

Recording of therapy sessions is not permitted. Exceptions can be granted and for special purposes that benefit the creative or therapeutic process.

MENTAL HEALTH DIAGNOSIS

As a part of psychotherapy services billed to insurance your provider will be assigning a mental health diagnosis from the Diagnostic Statistical Manual of Mental Disorders 5-TR. Your therapist is trained in assessing and diagnosing mental health conditions. You may also consent or decline to have your provider consult with your primary care provider or other mental health provider as a part of this process. Insurance companies require a mental health diagnosis to demonstrate a need for psychotherapy services and the diagnosis will be reported to the insurance company when submitting claims or fulfilling other requirements to demonstrate medical necessity. A mental health diagnosis is a description of symptoms and challenges in functioning and can be used to guide treatment and recovery. Mental health diagnosis may change over time as symptoms/challenges improve or additional information is gained. Your provider will review and discuss with you any mental health diagnosis to ensure it is an accurate description of symptoms and challenges.

APPOINTMENT AVAILABILITY, FREQUENCY, AND ENDING

Creative therapy based counseling/psychotherapy are specialized services. Due to limitations in the amount of providers in the community who offer this service, we must have policies that help individuals move forward with their treatment toward eventual graduation or completion of the services to ensure there are appointment openings available for other people in need of services.

At the beginning of services we will collaborate to develop a frequency that best meets your needs and fits with the availability within my schedule. As treatment continues we will reassess your level of need and the appropriate frequency of appointments. Individuals who have been attending therapy sessions for 18 months on a weekly basis and are not demonstrating a high severity of need within the past 5 months may be asked to be reduced to every other week sessions. Examples of high severity include the risk of suicide or harm, situations resulting in contact with crisis services, or severe symptoms of psychosis. If a person is attending appointments on an every other week schedule, additional appointments may be scheduled on an as needed basis in response to events or stresses where the person is needing some added support.

Ending relationships and therapy services can be difficult. Therefore, it is important to have a termination process in order to achieve a positive ending to treatment. Your provider will work together to determine the length of treatment needed to meet your goals. The appropriate length of the treatment depends on treatment goals and the intensity of the needs. Some reasons your provider would initiate termination of treatment are: achievement of treatment goals, determining that treatment has not been effective and a referral to another provider is needed, failure to meet fee agreements, conflict of interests, or at your request. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. Threats or harassment will result in immediate termination of the therapy process.

If therapy is ended for any reason and you request another therapist, your therapist will provide you with a list of qualified psychotherapists or creative therapists in the area. You may also choose someone on your own or from other referral sources.

Should you fail to schedule an appointment for two consecutive months, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. To resume services please contact your provider to discuss availability.

If you graduate or end services due to the completion of therapy goals we are happy to offer "as needed" time limited appointments to offer short term support in navigating difficulties that arise. If you have graduated or completed services and would like to resume ongoing appointments your provider will work with you to integrate you into the regular schedule. If we don't have immediate availability we will offer referrals or prioritize you on the waitlist for the next available opening.

By signing electronically or in person: I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Date

Sunflower Art Therapy at the Lawrence Creative Therapy Center
306 E 23rd St.
Lawrence KS 66046
786-424-7410
Cara Weeks Neuburger, ATR-BC, LCPC (Executive Director)

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

This information applies services conducted by Cara Weeks Neuburger/Sunflower Art Therapy at the Lawrence Creative Therapy Center and art therapy graduate students receiving supervision by Cara Weeks Neuburger. The Lawrence Creative Therapy Center is a collective of providers. Affiliated providers are not employed by the Lawrence Creative Therapy Center and each operate their own independent practices and businesses.

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, at the office, and on the website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. we may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For use in treating you.
 - b. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For use in defending myself in legal proceedings instituted by you.
 - d. For by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a psychotherapist, we will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, we will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the business premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers’ compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers’ compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say “no” if believed it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How We Send PHI to You. You have the right to ask me to be contacted in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 04/04/2026

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By agreeing to this form, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Signature

Date

Sunflower Art Therapy at the Lawrence Creative Therapy Center
Cara Weeks Neuburger, ATR-BC, LCPC
306 East 23rd St
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Fee Schedule and Payment Policies (Update 4/8/26) Creative Therapy/ Psychotherapy Services and Fees:

- Base Rates: \$180 per 55 min. individual or family session (billed to insurance); \$130 per 55 min. session for individuals paying out-of-pocket. Cost of sessions will be pro-rated by the quarter hour for session length is shorter or longer than the standard 55 min. \$75 per psychotherapy group (billed to insurance); self pay rate for groups will vary based on specifics of group.
- Payment is expected at the time of service unless an other arrangements have been approved. If client has a balance due that has not been paid within 30 days of service, no further appointments will be scheduled until balance is paid.
- Appointment cancellation received less than 24 hrs in advance will result in \$30 administrative fee.

Insurance Billing:

Health insurance will be billed directly for companies that your provider is an in-network provider. Clients are responsible for any co-payments at the time of service unless prior arrangements have been approved. Clients must pay rate designate by insurance plan for all session until deductible has been met. A "superbill" statement can be provided for any sessions. This can be used by clients to request reimbursement from insurance companies that your provider is not considered an in-network provider. Please check with your insurance for specifics on what types of providers and mental health services they cover. Client must follow self-pay policies.

Hardship-based fee accommodations:

If a client can demonstrate financial hardship or other barriers to care a reduced rate from the standard rates listed may be agreed upon.

Tier 2: \$75/ 50-55 min., \$25 per psychotherapy group.

Tier 1: \$60/ 50-55 min. , \$15 per psychotherapy group.

Payment plans for co-pays or out-of-pocket payments may also be developed and agree upon for individuals who demonstrate hardship.

By Signing you are consenting to the following

You agree to allow for billing directly to your insurance company and understand you are responsible for paying the deductible, co-pays, or co-insurance rates designated by your plan.

or

If you are paying out-of-pocket will be paying for sessions without direct insurance billing at the agreed upon rates: Base rate, Tier 2. ,or Tier 1

You agree to allow for your credit card information to be kept on file in a secure payment system and billed at the time of service.

Signature

Date

Sunflower Art Therapy at Lawrence Creative Therapy Center LLC,
306 E 23rd St., Lawrence KS 66046, 785-424-7410,
Cara Weeks Neuburger, ATR-BC, LCPC

INFORMED CONSENT FOR TELEMEDICINE SERVICES

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Sunflower Art Therapy at the Lawrence Creative Therapy Center LLC providing health care services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

I hereby authorize Sunflower Art Therapy at Lawrence Creative Therapy Center LLC and the affiliated providers to use any HIPAA-compliant platform as a means for providing psychotherapy remotely.

I further attest that since I have chosen this form of communication, I have been advised that it may not be covered by my insurance company and that I am responsible for any fees incurred during psychotherapy which incorporates telecommunication.

I understand that I may revoke this authorization at any time by giving written notice, except to the extent Lawrence Creative Therapy Center LLC has already taken action in reliance on it. I may specify the date, event, or condition on which this consent expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date it was initiated.

This information applies services conducted by Cara Weeks Neuburger/Sunflower Art Therapy at the Lawrence Creative Therapy Center and art therapy graduate students receiving supervision by Cara Weeks Neuburger. The Lawrence Creative Therapy Center is a collective of providers. Affiliated providers are not employed by the Lawrence Creative Therapy Center and each operate their own independent practices and businesses.

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

Signature

Date