



Consent for Services

This form is called a Consent for Services (the "Consent"). Your Psychologist ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

I/We consent to receive counseling and/or psychological treatment. The frequency and type of treatment will be discussed and collaboratively determined by me/us and the therapist. The purpose of treatment procedures will be explained to me and subject to my verbal approval. I/We have the right to ask questions about any procedures used during therapy.

I/We consent to treatment with the following understandings:

- I/We understand that there is an expectation that I/we will benefit from psychotherapy but that there is no guarantee that this will occur. Nor is there any guarantee concerning the required duration of treatment.
- I/We understand that therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself and family.
- It is understood that all information disclosed within therapy is confidential and will not be revealed to anyone without written permission, except as required by law. Disclosure may be required by law in the following circumstances:
 - When there is a reasonable suspicion of child abuse/neglect or abuse/neglect to a dependent or elder adult.
 - When the client communicates a threat of bodily injury to self or others.
 - When the client is suicidal.
 - When disclosure is required pursuant to a legal proceeding.
 - When client is in a probation or parole period or other legal situation that would require disclosure.
- I/We understand that I/we can inquire about the nature, length, cost, and consequences of my/our treatment at any time, and that I/we am/are free to discontinue treatment at any time. The therapist will provide names of other qualified professionals whose services I/we might prefer.
- Payment is due at the beginning of each session, and no balance will be carried. Co-payment is due at the beginning of each session. I/we am/are responsible for cooperating with my insurance company to support prompt payment. I/we understand that if my insurance company does not pay for treatment that I/we will be responsible for payment in full. I/we understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed in order to ensure confidentiality.

- A 24 hour notice is required for cancellation of a scheduled session. If I /we do not meet this requirement, I/we agree to pay the full session fee. I/we understand that this will be my/our responsibility, not that of the third party payer.
- I/we understand that my/our therapist is often not immediately available by telephone, as she does not answer the phone when with clients or otherwise unavailable. At these times, I/we may leave a message on her voicemail and the call will be returned as soon as possible. If I/we feel I/we cannot wait for a return call and it is an emergency situation, I/we will go to the local emergency room or call 911.

Telehealth Services

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Risk

- **Privacy and Confidentiality.** You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- **Technology.** At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
- **Crisis Management.** It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits

- **Flexibility.** You can attend therapy wherever is convenient for you.
- **Ease of Access.** You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- **Recommendations**
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

Record Keeping

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

Secure Communication

Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

***As email and text are **not secure** methods of communication, your Provider will not respond to treatment related emails (dates of appointments, issues talked about in sessions, etc.), but will attempt to return those messages by phone. The Provider is unable to receive text messages, but will send reminders about your appointments through the Therapy Notes system.

Insurance Benefits

Before starting therapy, you should confirm with your insurance company if:

1. Your benefits cover the type of therapy you will receive;
2. Your benefits cover in-person and telehealth sessions;
3. You may be responsible for any portion of the payment; and
4. Your Provider is in-network or out-of-network.

Sharing Information with Insurance Companies

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

Covered and Non-Covered Services

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

Acknowledgement

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Signature

Date