

**Chattahoochee Child Psychology Services, LLC**  
**Information, Authorization, & Consent to Treatment and TeleMental Health**

Welcome to **Chattahoochee Child Psychology Services, LLC**. We are very pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, policies regarding confidentiality and emergencies, use of technology, and several other details regarding your treatment.

**Confidentiality & Records**

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Valant, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption.

Your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

**Additional Client Rights & Responsibilities**

**Your rights as a patient:**

1. Complaints. Chattahoochee Child Psychology Services, LLC will investigate your complaints.
2. Suggestions. You are invited to suggest changes in any aspect of the services provided by Chattahoochee Child Psychology Services, LLC.
3. Civil Rights. Your civil rights are protected by federal and state laws.
4. Treatment. You have the right to take part in formulating your treatment plan.
5. Denial of services. You may refuse services offered to you and be informed of any potential consequences.
6. Record restrictions. You may request restrictions on the use of your protected health information; however, we are not required to agree with the request.
7. Availability of records. You have the right to obtain a copy and/or inspect your protected health information; however, we may deny access to certain records, in which case we will discuss this decision with you.
8. Amendment of records. You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
9. Medical/Legal Advice. You may discuss your treatment with your doctor or attorney.
10. Disclosures. You have the right to receive an accounting of disclosures of your protected health information that you have not authorized.

**Your rights to receive information**

1. Costs of services. We will discuss with you the fees associated with your treatment as early in treatment as is feasible and at any time thereafter upon your request.
2. Termination of services. You will be informed as to what behaviors or violations could lead to termination of services at our clinic. In the event of termination, you will be provided with an appropriate referral.

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3. Confidentiality. You have the right to confidentiality and will be informed of the limits of confidentiality and how your protected health information will be used.

#### Chattahoochee Child Psychology Services, LLC's Ethical Obligations

1. Chattahoochee Child Psychology Services, LLC is dedicated to serving the best interest of each client.
2. Chattahoochee Child Psychology Services, LLC will not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences, or other personal concerns.
3. Chattahoochee Child Psychology Services, LLC will maintain an objective and professional relationship with each client.
4. Chattahoochee Child Psychology Services, LLC respects the rights and views of other mental health professionals.
5. Chattahoochee Child Psychology Services, LLC will appropriately end services or refer clients to other programs when appropriate.
6. Chattahoochee Child Psychology Services, LLC will evaluate his/her personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. We will continually attain further education and training.
7. Chattahoochee Child Psychology Services, LLC will hold respect for various institutional and managerial policies, but will help improve such policies if the best interest of the client is served.

#### Patient's responsibilities

1. You are responsible for your financial obligations to Chattahoochee Child Psychology Services, LLC outlined below in Fees for Professional Services.
2. You are responsible for following the policies of the clinic.
3. You are responsible to treat staff and fellow patients in a respectful, cordial manner in which their rights are not violated.
4. You are responsible to provide accurate information about yourself.

#### **Attendance & Cancellation Policy**

An appointment is a commitment on your counselor's part to be present and on time for sessions. If ever unable to start on time, he or she asks your understanding, and assures you that you will receive the full time agreed to. If you are late, it is likely that your session will be shortened by the length of your lateness, because it is likely that there is another appointment taking place after yours.

A cancelled appointment delays work in therapy. Your counselor will consider therapy meetings very important and asks you to do the same. Please try not to miss sessions if you can possibly help it. Psychotherapy is most effective when conducted on a regular basis with as few interruptions as possible. There is a **24-hour cancellation policy**. Appointments cancelled with less than 24 hours' notice will be considered missed appointments (except in the rarest of circumstances).

This late and missed appointment policy is necessary because cancelled/missed appointments hurt at least three people: 1) You and the therapy you are not getting. 2) Your therapist, who has committed time and resources to your treatment. And, 3) The client who could have had your appointment time.

Missed appointments or cancelled appointments with less than 24 hours prior notice are subject to a **fee** (see below). This fee will not be paid by your insurance company and will be considered to be your personal responsibility.

If you have 3 or more missed/cancelled appointments in succession, or 3 missed/cancelled appointments within a 4-week span of time, your file will be closed and you may be referred to another provider of psychological services. Client files with 30 days or more of inactivity may be closed without notice. If your file is closed due to missed/cancelled appointments, you may return to CCPS for services and your file will be re-opened; however, you may be placed on a waiting list.

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**Federal Truth in Lending Disclosure Statement for Professional Services**  
**Fees for Professional Services**

I (we) agree to pay Chattahoochee Child Psychology Services, LLC, the following rates for the indicated services:

Psychotherapy Fees

- A fee of \$300.00 for the initial clinical interview (defined as approximately 1 hour and 45 minutes).
- A fee of \$100.00 for the initial clinical interview (defined as approximately 1 hour and 45 minutes).
- A fee of \$120.00 for the initial clinical interview (defined as approximately 1 hour and 45 minutes).
- A rate of \$150.00 per clinical unit (defined as 45–50 minutes for individual, family and relationship counseling).
- A rate of \$50.00 per clinical unit (defined as 45–50 minutes for individual, family and relationship counseling).
- A rate of \$60.00 per clinical unit (defined as 45–50 minutes for individual, family and relationship counseling).
- A rate of \$65.00 per clinical unit (defined as 45–50 minutes for individual, family and relationship counseling).
- A rate of \$85.00 per clinical unit (defined as 45–50 minutes for individual, family and relationship counseling).

Psychological Assessment Fees

All psychological assessments include a comprehensive clinical interview, appropriate testing to address the referral question, written report of findings and recommendations, feedback session, and 1 copy of the final assessment report.

- A fee of \$1000.00 for an IQ Assessment.
- A fee of \$1550.00 for a Learning Disability/Psychoeducational Assessment.
- A fee of \$1700.00 for an Attention Deficit Hyperactivity Disorder (ADHD) Evaluation.
- A rate of \$2000.00 for an Emotional/Behavioral Assessment/Differential Diagnosis Evaluation.
- An additional rate of \$300.00 per hour of testing time required over 6 hours. The fee for testing includes scoring and report-writing time.
- An additional \$50/item charge for administration, scoring and report writing of multiple sets of parent and teacher report forms.
- A fee of \$110.00 for Irlen Syndrome Screening (includes 1 set of overlays, if needed).
- A fee of \$5.00 per additional copy of final assessment report.

Other Fees

- A fee of \$10 per 5 minutes of Telephone Consultation/Contact with Existing Clients (for calls in excess of 10 minutes in length (i.e., a 12-minute call will incur a charge of \$30.00). All calls to other providers, attorneys, and non-clients will be charged at this rate, regardless of length.
- A fee of \$5 per page for Completion of Forms for forms not presented for completion in conjunction with and during a session.
- A ½ session fee for the first missed appointment or cancellation with less than 24 hours' notice, and the full session fee for missed appointments or late cancelations thereafter.
- A fee of \$\_\_\_\_\_per hour or portion thereof for court related services including, but not limited to, court testimony, reading and writing of letters/emails and court documents, commuting time, waiting time, and preparation time.
- A fee of \$30.00 for any checks returned for not sufficient funds.
- Any co-pay and/or deductibles required by my insurance company.

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Payments are due at the time of service. There is a late fee of 10% per month on all fees that are not paid within 60 days of the billing date. CCPS, LLC reserves the right to charge any credit card on file for any unpaid balance. Cash, personal checks, Visa, MasterCard, or Discover are acceptable for payment, and we will provide you with a receipt of payment.

#### Clients with Insurance

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Your insurance company may not pay for services that they consider to be nonefficacious, not medically or therapeutically necessary, or ineligible (not covered by your policy, or the policy has expired or is not in effect for you or other people receiving services). **If the insurance company does not pay the estimated amount, you are responsible for the balance. If the insurance company applies an amount to your deductible, you are responsible for the balance.** The amounts charged for professional services are explained above.

#### Communication Response Time

We are required to make sure that you are aware that we are located in the Southeast and we abide by Eastern Standard Time. Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers, nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls, emails, and text messages within 24 hours. However, we do not return any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

#### In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for communication back from your therapist, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Laurelwood Hospital at 770.535.3562
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

#### Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

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You should also know that therapists are required to keep the identity of their clients confidential. As much as your therapist would like to, for your confidentiality, he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### **Statement Regarding Ethics, Client Welfare & Safety**

Chattahoochee Child Psychology Services, LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association and/or the American Counseling Association. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately.

If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with us, you can always contact the Board of Psychology or the Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapists, which oversees licensing, and they will review the services we have provided.

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Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually is not sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

### **Technology/TeleMental Health Statement**

This part of this document is designed to inform you about what you can expect from us regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, our therapists have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

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## The Different Forms of Technology-Assisted Media Explained

### Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from our own landline in our office or from a cell phone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than just setting up appointments) are billed at the rate detailed on the Fees Agreement.

### Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. Additionally, your therapist may keep your phone number in his/her cell phone, but it will be listed by your initials only and his/her phone is password protected. If this is a problem, please let your therapist know, and you he/she will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at the rate detailed on the Fees Agreement.

### Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. And, messages may not be read in a timely fashion. However, we realize that many people prefer to text because it is a quick way to convey information.

**Nonetheless, please know that it is our policy to utilize this means of communication strictly for appointment confirmations.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that we are required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy. Text messages may be billed at your therapist's hourly rate for the time she or he spends reading and responding to them. Please inquire with your therapist regarding the cost of text communications.

### Email:

We utilize a secure email platform that is hosted by Email Pros. We have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize emailing as part of your treatment, **we encourage you to also utilize this software for protection on your end. Encrypted emails will require you generate a password to open them, and you will be provided an encryption portal for your response. Emails sent by your outside the encryption portal from Email Pros will not be HIPAA protected.** We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Email may be billed at your therapist's hourly rate for the time she or he spends reading and responding to them.

If you are in a crisis, please do not communicate this to us via email because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures." Finally, you also need to know that we are required to keep a copy or summary of all email as part of your clinical record that address anything related to therapy.

### Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapist's **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship.

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Do not use Wall postings, @replies, or other means of engaging with us in public online if we have an already established client/therapist relationship. Engaging with us in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

We will not follow you on any social media or networking sites (Twitter, Instagram, Snapchat, etc). We do not follow current or former clients on blogs or Twitter. We believe casual viewing of clients' online content outside of the therapy hour represents a boundary violation on our part. Viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your therapist, please bring them into your sessions where we can view and explore them together, during the therapy hour.

#### Use of Search Engines

It is NOT a regular part of our practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you when we next meet.

#### Google Reader

We do not follow current or former clients on Google Reader, and we do not use Google Reader to share articles. If there are things you want to share with us that you feel are relevant to your treatment, we encourage you to bring these items of interest into our sessions.

#### Business Review Sites

You may find our practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as a client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites, whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with us wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish the name of your therapist or how you feel about the treatment provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

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### Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We do not place our practice as a check-in location on various sites such as Foursquare, Yelp, Facebook, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from our office or if you have a passive LBS app enabled on your phone.

### Recommendations to Websites or Applications (Apps):

During the course of your treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you have visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that your therapist does not make these recommendations. Please let your therapist know by checking (or not checking) the appropriate box at the end of this document.

### Faxing Medical Records:

If you authorize us (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, we may need to fax that information to the authorized entity. It is our responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of our fax machine. However, our fax machine is kept behind two locks in our office. And, when our fax machine needs to be replaced, we will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

### Electronic Transfer of PHI for Certain Credit Card Transactions:

We utilize Quickbooks Merchant Services as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Chattahoochee Child Psychology Services.

### Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. **Additionally, you agree not to record any TeleMental Health sessions or any face-to-face sessions.**

### Structure and Cost of Non Face-to-Face Sessions

Based on your ability to make in-person sessions your therapist may provide phone, text, or email conferencing if your treatment needs determine that TeleMental Health services are appropriate for you. You and your therapist will discuss what is best for you.

The structure and cost of TeleMental Health sessions are described in our general "Fees Agreement" form. We require a credit card ahead of time for TeleMental Health therapy for ease of billing. Please sign the Credit Card Payment Form, which was sent to you separately and indicates that we may charge your card without you being physically present. Your credit card will be charged at the conclusion of each TeleMental Health interaction. **This includes any therapeutic interaction other than setting up appointments.** Visa, MasterCard, or Discover are acceptable for payment, and we will

Please initial that you have read this page \_\_\_\_\_



provide you with a receipt of payment and the services that we provided. The receipt of payment & services completed may also be used as a statement for insurance if applicable to you (see below).

Insurance companies have many rules and requirements specific to certain benefit plans. At the present time, many do not cover TeleMental Health services. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services. As stated above, we will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

### Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if audio quality is lacking, he or she might not hear the crack in your voice that he or she could have easily picked up if you were in our office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your therapist know if something she or he has done or said upset you. We invite you to keep the communication with your therapist open at all times to reduce any possible harm.

### Consent to TeleMental Health Services

Please check the TeleMental Health services you are authorizing your therapist to utilize for your treatment or administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

- Texting
- Email
- Telephone Conferencing
- Recommendations to Websites or Apps

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

### **Our Agreement to Enter into a Therapeutic Relationship**

We are sincerely looking forward to working with you in a healing way. If you have any questions about any part of this document, please ask your therapist.

I HEREBY CERTIFY that I have read and agree to the conditions and have received a copy of the Federal Truth in Lending Disclosure Statement for Professional Services contained herein.

Please initial that you have read this page \_\_\_\_\_

I (we) authorize my provider to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to a third-party payer or insurance company for the purpose of receiving payment directly to my insurance provider. I (we) understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits. I (we) understand that I (we) may revoke this consent at any time by providing written notice, and after one year this consent expires. I (we) have been informed what information will be given, its purpose, and who will receive it. I (we) certify that I (we) have read and agree to the conditions and have received a copy of this form.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

\_\_\_\_\_  
**Client Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

**If Applicable:**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist's Signature**

\_\_\_\_\_  
**Date**

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