

Kim Thompson, PhD., LISW, LLC.

## Consent and Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. Please review it carefully and if you have any questions, feel free to ask.

## Risks/Benefits of Psychotherapy

Psychotherapy is an intensely personal process that can have many benefits for example you may develop new coping skills, make behavioral changes, improve your mood, or improve the quality of your life. However, in some cases individuals have reported feeling worse after therapy. Healing and growth is difficult, and some discomfort will likely be a part of the process.

## Appointments

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hours notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## Confidentiality

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. (as outlined in the HIPPA Form) In addition, I may share information regarding your care, without identifying you to another professional in order to give you the best service. As described in the HIPPA Form mental health providers are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. Also if I receive a court order or subpoena, I may be required to release some information. In such a case, I will consult with other professionals and limit the release to only what is necessary by law.

## Confidentiality and Technology

You may choose to use technology to contact me. ie., telephone, email, text. However, due to the nature of technology, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Therefore, try to limit emails or texts to information such as appointment scheduling and not sensitive material so that your privacy is protected. See below for more information related to tele health services.

## Record Keeping

I keep records of our sessions and a treatment plan that includes goals for your therapy. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits of confidentiality discussed in the Confidentiality section. Should you wish to have your records released, you are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept in accordance with state law (7 years). Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet.

## Professional Fees

You are responsible for paying your fee at the time of your session unless prior arrangements have been made. Payment may be made by check, cash, or credit card.

## Fee Schedule

90834 psychotherapy 50 minutes – \$120

## Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I suggest you call them to find out how much and for how long they will reimburse you for the fee you have paid me.

**I am not a provider for any insurance plans.** I will supply you with a receipt of payment for services on a monthly basis, which you can submit to your insurance company for reimbursement.

## Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency, please go to your nearest hospital emergency room or call (911).

## Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

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

Clinician signature \_\_\_\_\_

Date \_\_\_\_\_

## Telemental Health Informed Consent

In some circumstances we may need to meet virtually (COVID19 Crisis, for example).

By signing this document you are consenting to participate in telemental health with me as part of your psychotherapy. You are agreeing that you understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

You understand and agree to the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time.
- 2) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either of us. All information disclosed within sessions and written records pertaining to those

sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).

5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me to discuss if we continue on the phone or if we have to re-schedule.

7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

### Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is:

\_\_\_\_\_ and my emergency contact  
person's name, address, phone: \_\_\_\_\_

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I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of Client

Date

Signature of Clinician

Date

