

Telemental Health Consent for Treatment

Outpatient Services Contract

Welcome to Rosalind Smith Counseling LLC. This document contains important information about my professional services and business policies. Please read it carefully and keep note of any questions you might have so that we can discuss them during your session. When you sign this document, it will represent an agreement between us.

Contact information: Rosalind Smith Counseling LLC
431 Ohio Pike, Suite 156
Cincinnati, Ohio 45255
rosalind@rosalindsmithcounseling.com
513-370-7460

Counseling Services

Counseling is not easily described in general statements. It varies depending on the personalities of the counselor and the client and the particular problems you bring forward. There are many different methods that I may use to deal with the problems that you hope to address. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risk. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with counseling. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Counseling involves a large commitment of time, money and energy, so you should be very careful about the counselor you select. If you have any questions about my procedures, you should discuss them whenever they arise. If your doubts persist, I will be happy to give you information on referral resources or help you set up a meeting with another health professional for a second opinion.

Telemental Health

Telemental Health sessions will be conducted through Jituzu Client Portal a HIPPA compliant platform. It is my expectation that you will benefit from Telemental Health as all or part of your counseling services; however, there is no guarantee. Telemental Health is conducted using interactive audio and video. Online based services as care may not be appropriate for your needs. If I assess that face-to-face is more appropriate, I will offer an appointment or provide a referral resource.

Limitations

It is important to realize that Telemental Health is intended to provide quality information, practical answers to mental health issues, and online therapy for present problems. This service is not intended to provide in-depth psychotherapy as the online venue is not entirely suited for such purposes.

Confidentiality

In general, the law protects the privacy of all communication between a client and a counselor. And I can release information about our work to others only with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those where in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

There are some situations which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about the client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that they are important to our work together.

During Telemental Health sessions, I will take all precautions to ensure that the sessions are confidential; however, transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know its security can be maintained, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions.

Technical Issues

It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 5 minutes. If reconnection is not possible, email or text to schedule a new session time. Should a disruption occur at a time of crisis, you agree to immediately phone me at 513-370-7460 or call 911 in case of an emergency.

Appointments and Professional Fees

I normally conduct an evaluation that may last from 1 to 2 sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. At the end of the evaluation period, we will work together to develop a treatment plan to follow if you decide to continue therapy. For individual sessions, sessions last 50 minutes, with 5-10 minutes for wrap up and scheduling. For couples, session lengths are 50 minutes, with 5-10 minutes for wrap up and scheduling. Currently, health insurance is not accepted; however, documentation will be provided to the individual for submittal of reimbursement to your health insurance provider. Sessions are scheduled one time per week at the time we agree on; although some sessions may be longer or more frequent.

The initial session cost for individuals is \$125 and \$75 per 60-minute session thereafter. The initial session for couples and families is \$175 and \$125 per 60-minute session thereafter. In addition to weekly appointments, I charge \$125 per hour for other professional services that you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge my hourly rate for both for preparation and attendance at any legal proceeding. I also charge a retainer for any planned involvement in court.

Billing and Payments

You will be expected to pay for each session the day before the session unless we agree otherwise. Payments for your sessions can be made via PayPal or Square two days prior to your appointment. If the fee is not paid in advance the session will be canceled. 24-hour notice is required to cancel any appointment. If you do not show up for your scheduled appointment or late cancel, a refund will not be granted. If you cancel within 24-hours of your scheduled appointment, your fee can be put towards a future session.

Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. A credit card convenience fee based on the current rates will be applied to credit card payments and refunds.

Contacting Me

I am often not immediately available by telephone. When I am not available, my phone is directed to my confidential voicemail which I monitor frequently. I will make every effort to return your calls on the same day or the next day, with the exception of weekends, holidays, extended illness, or scheduled times off. I do not review or respond to emails, phone calls, or other methods of contact after hours, business days after 7:00 pm, holidays, weekends, and scheduled time off. Because I am not immediately available, in case of emergency, please contact the National Crisis Hotline at 800-273-8255, National Crisis Text Line (Text HOME to 741741), 911 for emergencies, or go to your nearest emergency room. If I will be unavailable for an extended period, please contact my supervisor Sharon Yockey, MA, LPCC-S, CDCA at 855-553-9355 for assistance.

I prefer that contact through email and text to be limited to purposes of scheduling and canceling of appointments. Treatment questions and conversations should be reserved for the counseling

session.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I would be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to the untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged my hourly fee of \$75 for any time spent preparing information requests. Clients will be also charged for copying of material from treatment records at a rate of \$5.00 per copy for the first three copies and 10 cents per copy thereafter.

I currently use electronic record keeping and hard-copy file keeping. As part of my management of client files, I use an external device protected with hardware encryption to write progress notes and manage my caseload along with a HIPPA compliant cloud data management service. Hard-copy files are kept locked and secure at Rosalind Smith Counseling LLC located at 431 Ohio Pike, Cincinnati, OH 45255. All electronic records are maintained according to regulations set forth by Ohio State Law after treatment ends. Closed hard-copy files are scanned into our agency's computer, kept at Rosalind Smith Counseling LLC location, and all files are destroyed after seven years as required by Ohio State law. By signing this consent, this method of record keeping is accepted with your understanding of how I manage your case file. Please feel free to ask me if you have any questions or concerns.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to ask parents to give up this right. If they agree, I will provide them with only general information about our work together, unless I feel that there is high risk that you will harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss this matter with you, if possible, and do my best to handle any objections you may have about what I am prepared to discuss.

Spirituality

Rosalind Smith Counseling LLC provides services from a Christian value base and worldview. Spiritual interventions such as prayer and Bible study may be integrated into the counseling process when and if the client desires. Rosalind Smith Counseling LLC staff members do not impose their values and beliefs on their clients.

Please initial if you would or would not like spirituality integrated into the counseling process.

_____ I would like spirituality integrated into the counseling process.

_____ I do not want spirituality integrated into the counseling process.

Termination

Your participation in counseling is voluntary and you have the right to withdraw from services at any time. I would recommend that when termination is considered, that you discuss this with me, so that we can create a plan for termination to minimize any possible negative effects. If you do not show up for 2 or more consecutive scheduled appointments and timely contact has not been made, your treatment will be considered canceled and terminated and you will be financially responsible for any remaining fees for missed sessions. I will attempt to contact you prior to termination of your case via phone and email.

Electronic Communications

Communication via email is accepted with your understanding that email is not a guarantee of privacy. If you email regarding clinical concerns, please be aware that I may not respond to these emails and that the emails become part of your mental health chart. Email communications are not encrypted, which means that email communications are not secure. Because of this, I do not send documents or emails that contain private health information (PHI). I encourage clients to contact me via phone or make an appointment if you would like to communicate about confidential information or obtain any documentation. In effort to further protect your information, I do not accept friend requests from clients on Facebook or other social media websites applications.

Your signature below indicates:

1. You have read the information in this document.
2. You are a resident of Ohio, Kentucky, or Oklahoma.
3. You agree to participate in Telemental Health. You consent to treatment, have read, understood, and comply with the agreed upon policies and our professional relationship. You understand that the session fee paid via PayPal or Square and this signed form is due the day before your session. If fee is not paid and the form not received in advance the session will be canceled.

Signature: _____ Last 4 Digits SS# _____ Date: _____

Signature: _____ Last 4 Digits SS# _____ Date: _____

By checking the box, I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts – just the same as a pen-and-paper signature.