



Please read carefully. This document contains vital information on various topics related to your treatment. We understand it is long but that is because it is thorough. We care about you and your time with us and desire for you to be fully informed. Thank you!

Informed Consent and Authorization

We are very pleased you have selected Family Renewal Counseling, LLC (FRC, LLC) and we are sincerely looking forward to assisting you. This document is designed to inform you about what to expect regarding your treatment with us. It is also part of our commitment to you to keep you informed about every part of your therapeutic experience. Please know that your relationship with your therapist is a collaborative one and we

welcome any questions, comments, or suggestions related to your course of therapy at any time.

Background Information

FRC, LLC combines professional training with a Biblical worldview to provide professionally and spiritually sound counsel to individuals, couples and families. All counselors work from some moral and theoretical framework that may or may not include a religious orientation. At Family Renewal Counseling, we would like to make you aware that we operate from a Christian perspective. If you have any questions about this, please let us know before your first session begins.

All therapists at FRC, LLC hold at least a Master's Degree and are in good standing with their professional boards. All therapists are either fully licensed by the state of Georgia or are in the process of completing licensure requirements. Therapists completing licensure requirements or other professional certifications will be under professional supervision. Please feel free to ask your therapist about any additional credentials, certifications or trainings he/she may hold. Wendy Failor is under the supervision of Erin Holcomb, LPC and the supervision and direction of Christie M. Poole. LMFT.

Therapy Process, Risks and Benefits

The therapy process is one that may bring up painful memories and responses. Clients may, at different times, experience anger, sadness, or anxiety when dealing with uncomfortable issues. However, the goal is to work through these issues to relieve both the immediate responses as well as the issues originally presented for treatment. Please be aware that others may take notice of changes you make as a result of therapy which may cause them discomfort. For example, when you begin to increase your ability to communicate assertively or when you become more

expressive emotionally, others may not welcome this. If this occurs, we will assist you in navigating these relationships. Therapy is a collaborative process between you and your therapist in which your therapist will work with you but will not do the work for you. To achieve optimal results, you will be expected to arrive on time for and participate fully and honestly in your sessions. You may also be given therapeutic assignments to complete outside the therapy room. Refraining from drug use, excessive use of alcohol and other destructive or self-harming behaviors is also expected during your treatment at Family Renewal Counseling Center.

Therapists often need to confront difficult issues which may cause you discomfort. By signing this document, you agree to talk to your therapist about any issue you may have with him/her or about anything he/she may have said during your work together that caused you distress. This is a very valuable opportunity in therapy as it reinforces proper communication.

It is our policy to work with clients who are able to care for themselves and resolve their issues with help from us. It is our intention to empower our clients in their process to the degree that they are capable of facing life's challenges in the future without us. We do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, we will direct the client to other resources that will be of assistance to him/her. Our practice is considered to be an outpatient facility, and we are set up to accommodate clients who are reasonably safe and resourceful. We are not 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.

Confidentiality

Your communications with FRC will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your

PHI will be kept in a file stored in a locked cabinet in my office as well as electronically with Theranest, a secure storage company that 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 PHI will be kept on my password protected computer in an encrypted file format. After your file is closed, your paper copy will be moved off site and stored under lock and key as long as required by state law. The PHI of the client is confidential with the following exceptions: (1) the client directs the therapist to tell someone else and signs a "Release of Information" form; (2) the sessions are being billed to an insurance company, and the client's insurance company requires the submission of information about treatment for claims processing or utilization review or (3) a court order by a judge is issued to disclose information (4) information is mandated by Homeland Security (5) information is mandated by the Georgia Department of Government Health. Regarding an order, privileged communication is the client's right to have a confidential relationship with a therapist. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. FRC cannot guarantee that the appeal will be sustained, but will do everything in its power to keep what the client says confidential. However, you should be aware that if a judge orders the disclosure of your information, FRC does not have the final legal authority to maintain your confidentiality. **It is the client's responsibility to inform his/her therapist of any changes to your PHI (information included in your original Intake, such as address or other contact information, medical history, marital or custody status, symptoms or complaints, etc. Any charges or other ramifications that occur due to changes not reported to FRC, will be the responsibility of the client.**

Information shared with your therapist is confidential and will not be shared outside legal, therapeutic boundaries unless there is threat of harm

to you or others, an order from Homeland Security or the Georgia Department of Government Health or in a court order by a judge. Suspected child abuse, elderly abuse, or abuse of the mentally or physically vulnerable/infirm will be reported. If you are involved with couple or family therapy and are filing insurance, the company may have access to records which contains information regarding all participating members. By filing for or requesting our office to file insurance, you are waiving your right to confidentiality with that company.

Although we are able to provide confidentiality except in the aforementioned circumstances, we are not able to guarantee anonymity. Because we live in a small but active community, you may see people in the lobby whom you know and who know you. We ask all our clients to respect each other's privacy by not sharing their knowledge of attendance. We also ask that clients resist the temptation to compare therapy sessions with each other as each person's needs are different. Making comparisons may elicit responses that become uncomfortable and interfere with your therapeutic work.

When working with individuals, the individual holds the right to confidentiality. When working with couples and families, we are obligated to preserve confidentiality on behalf of the couple or family. This means information about any member of the couple, or family will not be released to others without the written consent of all adult parties and legal guardians involved. This also means that confidences of any participant that will jeopardize allegiance to or neutrality with all parties in the couple or family will not be held from other members. If information is disclosed by one member of a couple or family that is necessary for the progression of treatment, that member will first be encouraged to also disclose the information to the affected parties with therapeutic support. If that member refuses, the information may be revealed if all parties concerned are adults or if any member is a child, particularly if the information appears to the therapist that it puts the other member(s) at risk. Therapy may be terminated if no risk appears imminent, but therapy is hampered

by the nondisclosure. Because we recognize the sensitivities involved in adolescence, your therapist will keep confidentiality of teens unless they disclose information that puts them at risk as described above. If information is revealed that does not put them at risk but may be difficult to discuss, the same procedure applies where your teen will be first encouraged to disclose the information to his/her parents with therapeutic support. If the teen refuses, the information may or may not be revealed based on the professional judgement of the therapist. If therapy is hampered by the nondisclosure, therapy may be suspended. Please see the adolescent consent form for further clarification.

In order to provide quality treatment, therapists often consult with other professionals in order maintain accountability and high professional standards in our work. However, such discussions are limited only to the information needed for consult. If it becomes necessary to collaborate with your other care providers, or if you request collaboration between your therapist and any other entity, you will need to sign a release of information before such contact can be made. If you have been participating in therapy as part of a couple or family, the release of information form will need to be signed and dated by all adults and/or legal guardians involved.

Once therapy begins, you will enter into a professional relationship with your therapist which prevents the development of any other relationship. For example, your therapist cannot be friends with you on social media and will be unable to attend social functions with you. This prevents a dual relationship from occurring and protects all involved. If your therapist sees you in a social setting, he/she will not speak to you unless you speak to him/her first. This allows you to control your privacy boundary and maintain confidentiality until you choose to share your participation in therapy.

Emergency Contacts

Family Renewal Counseling, LLC does not provide emergency services. Routine phone calls, texts or emails will be returned within 48 hours unless unforeseen circumstances prevent a response. We do not return messages in any form during holidays, weekends, or on Fridays after 2:00. The 48 hour period for messages left on Friday begins on the following Monday. On occasion, there may be an unavoidable delay; we appreciate your patience if this occurs. If your therapist is away from his/her office for an extended period of time, information will be left on his/her voicemail and email as to when he/she will return to the office and when you can expect return calls. Email and texts are never to be used for emergency or critical information. If you encounter an emergency, please use one of the numbers below or go to your local emergency room. If this does not feel like enough support for you, please let us know and we will be happy to help you find someone to better meet your needs. Because emergencies do occur on occasion, even without prior knowledge of events that indicate an emergency may be imminent, we require each person to list an emergency contact. If a client does not list an emergency contact, services may be denied. FRC holds the right to notify your emergency if your therapist believes you are at imminent risk to harm yourself or others, or are experiencing a mental health or medical emergency.

Call Lifeline at 1.800.273 8255 (National Crisis Line)

- Georgia Crisis and Access Line 1.800.715.4225
- Call 911
- Text “Go” to 741741
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589

Cost for Services

Therapy Sessions: Most therapy sessions last 50 – 55 minutes. If you require a longer or shorter session, it will be prorated based on your fee. Any client who has a balance of fees for more than two sessions will be unable to continue therapy until the payment is made. If you are unable to pay these fees, please talk to your therapist about this to make other arrangements. Please remember that final payment of your bill is your responsibility NOT your insurance company. In the event that we are unable to collect fees owed by you, we reserve the right to use an outside collection agency to work on our behalf to collect overdue balances plus fees incurred during the collection process (see Fee Disputes and Unpaid Balances below). Fees are assigned by therapist and range as follows:

Initial Session \$125 -140
Additional Sessions \$120-135
Family/Couples \$120-135
Individuals \$120-135

Payments may be made by debit card, credit card, check or cash (correct change only). We utilize TheraNest who uses an outside 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. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Family Renewal Counseling. If payments are made by debit or credit card, your information will be stored at an off-site location utilized by the credit card processing agency. This allows for billing after session if your session runs late, if the computer is down at the time of service or in the case of a no show/late cancellation. **Paying by debit or credit card indicates that you are aware of this policy and are in agreement.** If you do not wish for

your information to be stored, you may pay by check or cash (correct change only). Checks may be made to Family Renewal Counseling.

Insurance and Other Protected Health Information

We respect the privacy of your Personal Health Information (PHI) and will take reasonable precautions to secure and protect your privacy. When it is appropriate and necessary, we will provide the minimum PHI required facilitating your care/treatment or payment of services. FRC, LLC may have indirect treatment relationships with you (i.e. other healthcare providers) and may need to disclose PHI for purposes of treatment or payment of healthcare operations. These entities are most often not required to obtain patient/client consent. **By providing your insurance information and signing this document, you are giving your consent for FRC to file on your behalf, if applicable.** It is the client's responsibility to notify FRC of any changes to your insurance information as well as any secondary insurance coverage. Any charges incurred due to changes not reported to FRC or secondary coverage not reported to FRC will be the responsibility of the client.

Please be advised that not all services may be covered by your insurance company. For example, marital therapy is not always covered. If this is a concern for you, please discuss this with your therapist. Also, be aware that if you use your insurance, your records may be audited and the personal details for each member participating in your sessions will be made available to the insurance company. The client (or responsible party) is fully responsible for payment on any unpaid balance. We will be glad to file your insurance, if you prefer, once you have assigned benefits to the office. **Signing this document assigns insurance benefits to FRC, LLC.** Client (or responsible party) must pay the yearly deductible and any amount (or percentage not covered by insurance), including co-pays **at the time of service.** Client or responsible party is responsible for all services regardless of insurance coverage. All balances due to discrepancies in insurance payment or reimbursement must be paid in full within 30 days,

unless prior arrangements have been made with your therapist. A fee of \$25 will be applied for every 30 days a balance remains unresolved unless prior arrangements have been made with your therapist. A \$5 fee will be applied for every invoice mailed due to late payment or unpaid balance. Unpaid balances will be sent to collections after 45 days. Should the account be processed for collection, the balance, fees and/or collection costs incurred will be the responsibility of the patient/client (or responsible party). If you do not wish to file but change your mind at a later date, no services will be charged to your insurance company retroactively. **If you are ineligible to file for insurance or are eligible but do not wish FRC to file with your insurance company, please initial here. If you are charging insurance of if this information is not applicable, legibly print N/A**

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Your rights as a client regarding your protected health information are listed in our **HIPAA Policies** and can be found at any time on our website. A copy is also located in the lobby of our office. We recommend you read our policies and if you have any questions, please feel free to discuss them with your therapist. If you would like a printed copy of the HIPAA Policies, one will be made available to you at your request or you may print it from our website. By signing this agreement, you are stating that a copy of our HIPAA Policies has been made available to you.

Other Financial Assistance

Clients receiving financial assistance from other persons or organizations are responsible for all services not covered by the assisting agent as well as all fees after assistance has been exhausted or terminated. **Clients will be responsible for keeping track of available funds from their assistance provider.** Client or responsible party is responsible for all services regardless of insurance coverage All balances must be paid in full within 30 days, unless prior arrangements have been made with your therapist. Should the account be processed for collection, the balance, interest and/or collection costs incurred will be the responsibility of the

patient/client (or responsible party) Please see Fee Disputes and Unpaid Balances below. **If you have been offered outside assistance but do not wish to have us file with them, please identify the entity and initial here or type N/A if not applicable:**

_____.

Cancellation of Appointment

Unlike medical providers who schedule multiple people per hour, your time slot is reserved only for you. We cannot fill that slot unless we receive advanced notice from you. If you must cancel your appointment, please call the office and leave a message on your therapist's voicemail. You must cancel at least 24 hours in advance of your scheduled appointment. If you do not cancel your appointment 24 hours in advance, you will be charged our standard fee, not your co-pay. Insurance and other third party payers do not cover no show or late cancel fees; therefore you will be responsible for the full fees. If you are more than 15 minutes late, it will be considered a no show unless you have made other arrangements with your therapist. Your therapist may not be available after the 15 minute delay. Two no shows in a row will result in the termination of all other appointments until you contact or respond to your therapist's attempts to contact you. You will still be responsible for the no show charges. Two consecutive appointment cancellations or multiple cancellations within a short time frame will result in your therapist discussing with you your ability to attend consistently. If issues of inconsistency or lack of commitment are assessed by your therapist, further appointments may be denied. Unless other arrangements have been made with your therapist, if he/she has not heard from you in two weeks, your case will be closed. However, you are always welcome to contact your therapist about reopening your file and continuing your work. A courtesy email will be sent to you reminding you of your appointment if you provide an email address. However, you are responsible for keeping up with your appointment times. If a technical issue arises that prevents the email from reaching you and you do not show up, there will be a charge. If

you do not receive a message and would like to clarify your appointment time, please feel free to call, text or email.

If your therapist is unable to make an appointment due to illness or emergency, a member of the staff or colleague may contact you to cancel with you as soon as possible.

Telephone Consultations and Telemental Health

We understand that at times telephone consultations are necessary. If a conversation lasts over 10 minutes, fees will be applied. Fees are assigned by therapist and range as follows:

- 10-20 minutes - \$30-35
- 20-30 minutes - \$60-70
- 35-60 minutes - \$120-140

Please be aware that your insurance company will not pay for phone sessions and may or may not pay for sessions by videoconferencing. Plans vary on telemental health coverage. If telemental health therapy is of interest to you, please ask your therapist if he/she makes this service available. Consult with your therapist to determine your fee more specifically.

Court/Legal Testimony

Therapists at FRC, LLC are not forensically trained and do not testify in court. There are **no** custody evaluators on staff at FRC; therefore, no staff member will express an opinion or comment on custody in court proceedings. No staff member will express an opinion or comment on divorce proceedings. If you think you may need someone to testify for you in court, you will need to find a therapist who provides that service. **By signing this document, you are agreeing that you, nor your attorney nor**

any party on your behalf will subpoena your therapist or any personnel at FRC, LLC to court nor will you request an affidavit nor will you involve us in the court process. If any therapist or employee is subpoenaed to appear in court, is deposed, or is required to communicate with any member of the court system, including but not limited to an attorney, a guardian ad litem etc. you will be charged \$250 per hour, including travel time to and from destination, for as many hours as that person is away from their office, whether or not they are actually called to testify. If he/she is forced to clear their calendar for the day, you will be charged \$2500. This will be due 48 hours prior to the legal hearing or court date and is non-refundable. If court is cancelled, a 72 hour notice will be needed or else the charge will stand and will be due within 48 hours of the cancellation. You will also be responsible for any fees incurred by the therapist, including but not limited to, legal consultation or representation related to his/her services.

Reports: Note that we do not freely release records to attorneys or other professionals. Mental health records are extremely personal and are often seen by multiple staff members in law offices, etc. This threatens your confidentiality and makes your information, thus you, vulnerable. Also, notes are often concise and can be misinterpreted or taken out of context which can work against you in a court of law. For these reasons, it is not advised that records be accessed by anyone other than the professionals providing service. However, if a request is received by you, a summary of treatment including dates of service and diagnosis will be released to you, the client, after a release of information is signed. We prefer to hand these to you personally, mail by certified mail, or fax them to you. You will not be charged for time spent making simple reports to your insurance company. However, for reports needed for other professionals, including but not limited to lawyers, courts, other providers including medical doctors, and school officials, a fee will be charged as will be postage. Reports may take up to two weeks for completion. For fees, please see the breakdown below. Time spend copying and preparing paperwork for other entities will also be charged at the following rate:

10-20 minutes - \$35
20-30 minutes - \$70
35-60 minutes - \$140

Fee Disputes and Unpaid Balances

In the event that legal consultation or representation is utilized by any staff member of FRC, the client will be responsible for these fees as well. In case of fee disputes, this paperwork serves as an official record of the fee agreement. By signing this paperwork, you are agreeing that it serves as the official record and give permission to use it in any arbitration with credit card companies, banks, credit services or other necessary organizations to resolve the issue.

Any unpaid balance will need to be paid in full before any additional sessions are scheduled. Therapy will be suspended if a balance goes unpaid for more than 2 sessions and may resume once the issue is resolved. A fee of \$25 will be applied for every 30 days a balance remains unresolved unless prior arrangements have been made with your therapist. A \$5 fee will be applied for every invoice mailed due to late payment or unpaid balance. Unpaid balances will be sent to collections after 45 days. Should the account be processed for collection, the balance, fees and/or collection costs incurred will be the responsibility of the patient/client (or responsible party).

Statement Regarding Ethics, Client Welfare & Safety

Services at FRC will be rendered in a professional manner consistent with the ethical standards of your therapist's professional affiliation. If at any time you feel your therapist is not performing in an ethical or professional manner, we ask that you please let him/her know immediately. If we are unable to resolve your concern, you may request information to contact the professional licensing board that governs your therapist.

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, with your participation, we 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. 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. Also, please know that therapeutic change will not take place immediately and will occur at different rates for different people. For some, it may take place over a few weeks, for others, it may take months or years. We encourage you to be patient with yourself and the process and know that you are in control of therapy. You may end your therapy at any time; however, we encourage you to discuss this with your therapist before ending your relationship with him/her.

Use of Technology: There are various methods to communicate electronically; however, these methods are often not advised due to the inability to guarantee confidentiality. Although cell phones are not completely safe in terms of privacy or confidentiality, they are usually the primary means of communication. Texting may be used for changing appointments, letting your therapist know if you are running late or other quick messages only. Texting is not to be used for personal or clinical information. Any personal or clinical information sent by text will not receive a reply. You may request your therapist supply you with his/her direct line for texting. Any inappropriate use of phone, email or text will result in the blocking of your number or email address. Emailing personal information is also strongly discouraged and will not receive a reply. If you prefer to make or change appointments by email, we will comply with your wishes but be aware that any use of technology involves risk. We have taken measures at FRC, LLC to make our phone system and email HIPAA compliant but complete security is never guaranteed. Please know that copies of emails will be printed and put in your file. Voice mails may be stored in phone and email accounts as well as with the phone company. Gsuite is the email platform used at FRC and the phone service is Spruce

Healthcare. We utilize Theranest, a HIPAA compliant electronic healthcare record system to store client data, charge client credit cards, store payment data, record client notes and clinical information, and file insurance claims. Once we offer a password protected portal service in order to communicate with you or to provide an avenue by which we exchange documents, you will receive an invitation to join. Joining is voluntary. Any messages left by phone, text, email or portal will be returned within 48 office hours. Your phone number may be stored in your therapist's phone so that you may be contacted when necessary. However, your number will appear under an account code as opposed to your own name. **If you do not wish your therapist to store your phone number in his/her phone under an account code, please initial here _____.**

If you leave a message that requires a response on any form of communication – phone, email, or text, your therapist will contact you within 48 hours. If there is some question as to whether or not the message needs a response and you do not hear from your therapist or if you believe you should have received a reply and have not, please feel free to contact your therapist to make sure he/she received your message, as technology can be unreliable.

If a Release of Information is signed to send authorized information to your physician or other party, that information may be sent by fax. Fax machines and internet services may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of the fax machine. It is our intent to keep our fax machine behind two locked doors in our office and if the fax machine needs to be replaced, the hard drive will be destroyed in a manner that makes future access to information on that device inaccessible.

Our office now uses a Constant Contact email page in order to get announcements (etc. office closings) and other news (changes in staff, blogs on therapeutic issues by our staff) to our clients quickly. It is also used for our practice newsletter. We will use the primary email address

listed in your intake paperwork unless you request otherwise. Emails from this account will be sent as a blind copy so that your identity will not be revealed. You may unsubscribe at any time.

If you do not wish your therapist or FRC to contact you via a Constant Contact page, please initial here _____ . If you prefer to provide an alternate email address for office announcements, please supply that address here _____ .

During the course of treatment, your therapist may refer you to various websites on the internet or to certain applications (apps) to 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 apps. They may utilize your information in order to view your activities other product purchases. Additionally, anyone who has access to the device you used to visit these sites/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 and communicate to your therapist whether or not you would like this information to serve as an adjunct to your treatment. You may also request that your therapist not make such recommendations.

Other TeleMental Health and Online Therapy

“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)

As the area of telehealth continues to grow, our therapists receive specialized training and our means of communicating are kept to HIPPA

compliant standards to the best of our ability. This is necessary due to the increase in Personal Health Information (PHI) breaches as they relate to technology.

Please be aware that all level of telecommunication requires some level of risk and you are assuming that level of risk by participating. To minimize risk on your end please be aware that someone could overhear or intercept your conversations. Please be aware that individuals who have access to your phone bill may be able to see you who you have talked to, who initiated the call, how long the conversation was, and where each party was located when the call occurred. Also, even though email and texting are encrypted on our end, they may not be encrypted on yours. We urge you to use protected messaging and email platforms to minimize your risk. A reminder that email and text are not acceptable means to communicate an emergency. Please follow emergency standards previously listed.

Family Renewal Counseling has a “**no recording**” policy. You may not record any interactions including but not limited to online, in-person or phone contact with our therapists or staff without their written permission. If your therapist determines a need to record a therapy session with you whether it is online or in-person, he/she will gain your permission in writing.

Online therapy is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. Each therapist uses either Theranest or Zoom. These platforms are HIPAA compatible, and have signed a HIPAA Business Associate Agreement (BAA). The BAA means that Theranest and Zoom are willing to attest to HIPAA compliance and assumes responsibility for keeping your online interaction secure and confidential. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session

time to ensure you and your therapist get started promptly. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment. We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

There are additional procedures that we need to have in place specific to TeleMental Health/Online services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and online services are not appropriate.
 - We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below.
 - * You are responsible for verifying that your ECP is willing and able to go to your location in the event of an emergency. However, by signing this document, you are agreeing that your therapist may also verify with your ECP their willingness and ability to go to your location in the event of an emergency. You are also acknowledging and agreeing to your therapist contacting your ECP if your therapist deems it necessary.
 - * Additionally, if either you, your ECP, or we determine necessary, the ECP agrees to take you to a hospital.
- *If at any time your ECP information changes, it is your responsibility to let your therapist know.**

Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: _____

Phone: _____

- You agree to inform your therapist of the address where you are at the beginning of every online Health session.
- You agree to inform your therapist of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during an online session). Please list this hospital and contact number here:

_____. **If your location changes, you must inform your therapist and provide him/her with the address change as well as the name and phone number of the closest hospital.**

The structure and cost of telehealth sessions are exactly the same as face-to-face sessions. We require a credit card ahead of time for all telehealth therapy for ease of billing.

Insurance companies have many rules and requirements specific to certain benefit plans. At the present time, many do not cover telehealth services, either by phone or online. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for reimbursement for telehealth 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. If your insurance company does cover telehealth services, the procedures provided in the **Cost for Services** section will be followed. 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.

If extenuating circumstances prevent such a meeting, the therapist may use his/her judgement regarding the utilization of video conferencing as described above. During this initial session, your therapist will require you to show a valid picture ID and another form of identity verification such a credit card in your name. At this time, you will also choose a password,

phrase, or number which you will use to identify yourself. This procedure prevents another person from posing as you.

Limitations of Online Therapy

Online 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 video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, 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.

During an online session, you and your therapist could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist has that phone number. If you and your therapist get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist. If you and your therapist are on a phone session and you get disconnected, please call your therapist back or contact her or him to schedule another session. If the issue is due to your therapist's phone or internet service, and the two of you are not able to reconnect, your session will be prorated.

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.

Face to Face Requirement

If you and your therapist agree that online or any telehealth services are the **primary** way that you and your therapist choose to conduct sessions, **we require at least one face-to-face meeting at the onset of treatment.** We prefer for this initial meeting to take place in our office. If extenuating circumstances prevent such a meeting, the therapist may use his/her judgement regarding the utilization of video conferencing as described above. During this initial session, your therapist will require you to show a valid picture ID and another form of identity verification such a credit card in your name. **At this time, you will also choose a password, phrase, or number which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.**

To **opt out** of any telehealth services, please check the boxes of any methods you prefer your therapist to avoid for your treatment or for administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you. You may alter your decision regarding use of 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
- Online Services
- Recommendations to Websites or Apps

Internet and Social Media

In order to maintain a professional relationship, therapists are not allowed to be friends on Facebook or other social media with clients. If FRC, LLC begins a Facebook page or participates in any other form of social media such as a professional blog, Pinterest, Instagram, Twitter, LinkedIn, etc.

you are welcome to like or follow us. If you choose to like our page or follow us, please know that others might assume you have some professional relationship with us and any comments you leave will be seen by others. Leaving positive reviews is always appreciated but is not a requirement for treatment. By signing this agreement you are acknowledging that if you leave a review, you are breaching your confidentiality. You are also agreeing that the staff at FRC has the right to respond. Your therapist may recommend websites or apps to you. These too carry risks of hacking, spying, tracking information and malware. They may also 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. Your participation in these activities is voluntary and are entered into at your own risk. **Also, please do not attempt us contact us through social media as these messages may be missed.**

It is our policy not to search for our clients on Google, Bing or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with us as you feel appropriate. If there is content on the Internet that you would like to share with your therapist for therapeutic reasons, please print this material out and bring it to your session.

Technology is constantly changing and there are implications to all of the above technologies that we may not realize at this time. Please feel free to ask questions and know that we are open to feelings, thoughts or questions you may have about these modalities of communication.

By signing this document, I am stating that I have read it, agree to all of its terms, and consent to treatment at Family Renewal Counseling, LLC.

Signature of Adult and/or Legal Guardian

Date

Signature of Adult and/or Legal Guardian

Date

Signature of Adult and/or Legal Guardian

Date

Signature of Therapist

Date

Signature of Adult and/or Legal Guardian

Date