

**Telehealth Counseling and Psychotherapy
Consent to Treat Client**

Client Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact:

Name _____ Phone _____

Address _____ Relationship _____

About therapy

This agreement has been written to familiarize you, the client, with the basic terms and conditions that promote a successful therapy experience.

Virtual Services/Telehealth

Services will be provided via [SecureVideo.com](https://www.securevideo.com). This platform provides a Business Associate Agreement ensuring HIPAA compliance. You will need to have video capability on your computer. A headset is encouraged for better sound quality, however it is not required.

When Pamela schedules your session you will get an email with a confirmation; do not hesitate to contact her if you need support logging into the session or are having any technical difficulties during the session, by phone (530-898-0219).

I, _____, agree to participate in Telehealth therapy with

(Client Name)

Pamela St. John, LMFT, as my therapist as scheduled beginning on _____.

(Date)

Outcomes

Participating in therapy can help you learn new and important things about yourself and others, as well as new and better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help you feel better and produce beneficial results.

You know therapy is working when you feel less worried, afraid or anxious; problems are being resolved; relationships are improving or you come to feel better about yourself. Sometimes you may feel worse before you feel better. This is a part of the therapeutic process and usually means you are making progress. You have the right to end therapy at any time.

Confidentiality

Teletherapy treatment is covered by the same confidentiality laws as in-person therapy sessions. All information disclosed within the client's therapy sessions, including case notes and records, will be treated as confidential and, under some circumstances, as privileged. No information will be revealed to anyone not present in therapy without the permission of the client or a legally authorized representative unless there is an applicable legal or ethical exception. However, the therapist is required by law to report any suspected child, elder or dependent adult abuse and any situation where the client threatens violence to an identifiable victim. The law also permits the therapist to break confidentiality when the client presents a danger of violence to others or is likely to harm him or herself unless

protective measures are taken. In addition, disclosures may be required in certain legal proceedings and actions. Confidentiality laws and procedures also apply.

All questions regarding confidentiality, the release of information and waiver of privilege, etc., need to be brought up with the therapist.

Appointments and Fees

(please initial)

____ Therapy sessions consist of a **55 minute hour**. I understand that in order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly.

____ The therapy fee is **\$100.00 per session**. Payment for professional services is due in full at the time services are rendered. Pamela accepts personal checks, PayPal, and Venmo. If you are receiving assistance through an Employee Assistance Program (EAP), that entity will be paying Pamela directly on your behalf.

____ If I encounter a problem with the payment of fees, I shall discuss it with Pamela immediately.

____ All appointments need to be scheduled in advance. Appointments canceled or rescheduled with less than 24 hours' notice may be charged a **cancellation fee of \$50.00** at the discretion of the therapist.

____ Changes to your appointment should be made by calling Pamela at (530) 898-0219.

Insurance Reimbursement

Upon request and following full payment, Pamela will provide you with a receipt usable as a "superbill" which can be submitted to your insurance company for reimbursement. Pamela does not bill insurance on your behalf.

Contacting the therapist

Between therapy appointments, the client can leave a message or contact Pamela by:

- Voice and Text Telephone: (530) 898-0219
- Office Hours: Monday through Thursday, 12:00pm – 5:00pm (or as scheduled)

In case of emergency, the therapist may be contacted by phone, but please FIRST call 911 or go to your nearest hospital emergency center.

The client's therapeutic and financial relationship with the therapist continues so long as the therapist is providing professional services and until the client informs the therapist, in person or in writing, that the client wishes to terminate therapy, or the therapist notifies the client that therapy is being terminated.

____ I agree to meet with the therapist at least once before stopping therapy.

____ I agree to pay for all services provided up until the time the therapy relationship is terminated.

I have read and understand all of the terms and conditions stated and/or initialed above regarding therapy. All my questions have been answered fully. I agree to the terms and conditions of this agreement.

Date

Signature of Client

Printed Name