



**Lisa Reid, LCSW**  
**Essential Connections**

COUNSELING CONSULTING

12700 Century Drive, Unit E, Alpharetta, GA 30009 (office)

info@essentialconnections.net | 804-627-2365 (direct) | 470-253-1362 (fax) | www.essentialconnections.net

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**INFORMATION, AUTHORIZATION, &  
CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

**Background Information**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I earned my Master of Social Work degree from the University of Maryland and Bachelor of Science degree in Social Work from George Mason University. I have been licensed and practicing as a Licensed Clinical Social Worker (LCSW) since 1996. My experience and training include serving children, adolescents, adults, groups and families in school, hospital inpatient/outpatient, community based mental health, residential, intensive in-home, therapeutic foster care and private practice settings. Additionally, I am a member in good standing with the National Association of Social Workers and Georgia Society of Clinical Social Workers. I am licensed in the state of Georgia as a Clinical Social Worker, License #CSW004984.

**Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

For therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you can face life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring

Information, Authorization & Consent to Treatment  
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Please initial that you have read this page \_\_\_\_\_

to another therapist is necessary at any time. My goal is to facilitate hope, healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments, or I don't hear from you for one month, I will need to close your chart. For any client whose chart has been closed or services naturally concluded and later wish to resume services, a reassessment will be conducted and with mutual agreement -- resuming treatment may be available.

Our work together is likely to include some or all of the following: dialogue, goal-setting, problem-solving, investigation of how your current concerns may have their roots in your earlier experiences, examination of our therapeutic relationship as a prototype of other relationships in your life, stress reduction techniques, exploration of unconscious motivation, and a review of your experiences since last session as they pertain to your therapeutic goals. I may suggest that you consult with a medical professional or other specialist to work in conjunction with the services I provide. If another specialist is working with you, I will need a release of information from you if you wish for your therapist to collaborate and communicate freely with that person about your care. You have the right to refuse anything that I suggest.

*EFT Tapping.* In addition to the more conventional methods listed previously, I also interested in advances in neuroscience, clinical research, trauma, and the mind-body connection. I integrate traditional evidenced based psychotherapy practices along with an approach known as Emotional Freedom Technique (EFT) 'tapping,' which is a form of somatic (body based) experiencing that compliments my work. The roots of somatic experiencing through tapping trace back to Eastern healing practices that work with the acupuncture points and the body's meridian "energy" channels, that are like fiber optics running throughout the body. The method usually involves having you tap with your fingers on specific areas of the face and body which are activating the meridian channels, while bringing to mind a personal response or pattern you would like to change. This is believed to shift neural connections of the brain and associated autonomic body systems in ways that support that change. Other verbalizations, eye movements and physical movements may also be used. EFT tapping is still considered a complimentary or adjunct technique, and in order to include it in your treatment, you must to provide your consent. Research findings are becoming more abundant, but the method has not yet become recognized as a conventional technique. See 'Addendum A' to learn more about the uses, benefits, effects and risks, and to choose whether or not to include use of this technique in your treatment.

### **Confidentiality & Records**

Your communications with me 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 Simple Practice, a secure health record storage company with whom I have a signed HIPAA Business Associate Agreement (BAA). Any communications via email that contain PHI will be stored electronically on my encrypted archived cloud with Microsoft Office 365, a secure storage company who I also have a signed 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. I also keep paper records containing PHI in a locked file cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following **exceptions to confidentiality:** (1) you direct me to tell someone else and you sign an "Authorization to Release Information" form; (2) I determine 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) I am ordered by a judge to disclose information. In the latter case, my license does provide me 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 therapist. 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. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

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

**Professional Relationship**

Our relationship must 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 I were to interact in any other way, we 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 my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is the reason why your relationship with me 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.

There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. If trauma work is a part of your treatment, it is important to note that the work could alter your memory or recall of an experience and thus impact court proceedings or forensic matters. Be sure to communicate with me immediately if you choose not to do trauma work as part of your treatment.

By signing this document, you acknowledge that I will be providing therapy only, with trauma work, if applicable, and not forensic services. You also understand that this means you will not involve or engage your therapist in any legal issues or litigation in which I am a part to at any time either during your counseling or after counseling terminates. This would include any interaction with the court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, custody evaluations, depositions, court proceedings, or any other contact with the legal system. If you believe it necessary to subpoena your therapist to testify at a deposition or hearing, you agree to be responsible for my expert witness fees in the amount of \$1,680 for (4 hours) to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over 4 hours would be billed at the rate of \$280.00 per hour including travel time. Additionally, you understand that if you subpoena your therapist, I may elect not to speak with your attorney, and a subpoena may result in your therapist withdrawing as your counselor.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. If you or I am with someone and you decide to speak to me, I will not introduce you or myself, and will leave it to you to decide what you share. I must also decline any invitation to attend gatherings with your family or friends, unless otherwise discussed. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a 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**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of my profession as per the National Association of Social Workers and those governed by my license. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am 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. For example, an increase in your assertiveness may not always be welcomed by others. It is my 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 isn't sensitive unless it needs attention. Therefore, discovering and identifying the discomfort is considered a success. Once you and I can target your specific treatment needs and the modalities that work the best for you, help is generally on the way.

I am required by my profession's ethical standards to advise you that the EFT tapping is considered an "adjunct technique" and experimental in nature as its effectiveness, risks, and benefits are not fully known and understood. If you would like to incorporate EFT tapping into your therapy with me, or use it outside of sessions without me, you agree to assume and accept full responsibility for any and all risks associated with this practice. Please see Addendum A for more information, benefits, risks and effects of this technique and designate your consent as to whether or not it to be utilized in your treatment. If at any time you decide to change your designation of consent, please submit this request in writing to your therapist.

For the safety of all my clients, their accompanying family members and children, myself and other therapists in the building, I maintain a zero-tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. If you are law enforcement and required to carry a weapon, please let me know immediately or before your first session to discuss how best to respect my policy. Additionally, video-taping and any form of recording sessions or calls is prohibited. The nature of therapy is based on trust. Any type or form of videotaping or recording must be agreed upon in advance and all parties in agreement of such activity. I reserve the right to contact law enforcement officials and/or terminate treatment with any client who violates my weapons and video/audio taping policies.

**Structure and Cost of Sessions**

I offer primarily in-person face-to-face (in-person) psychotherapy sessions. However, based on your treatment needs, I may provide phone, text, email, or audio/video conferencing (TeleMental Health options).

Fee structures and cost of both In-person and TeleMental Health psychotherapy sessions are as follows, unless otherwise negotiated by you and/or your insurance carrier:

*Individual Sessions* (one person) are \$150 per 45-50-minute session and \$38 per each additional 15-minute increment;

*Couples and Family Sessions* are \$165 per 45-50-minute session and \$40 per each additional 15-minute increment; .

*Parenting Consultations (teaching/training)* are \$165 per 45-50-minute session and \$40 per each additional 15-minute increment;

*Intake Assessment* is a flat rate of \$280 for 90-120-minute session (intake and re-evaluations);

*Crisis Sessions* are \$175 per 45-50-minute session \$42 per each additional 15-minute increment.

Doing psychotherapy by telephone is not ideal and needing to talk between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. *Phone calls, texting, and emails (other than just setting up appointments), and collaboration/consultation with others* on your behalf that exceed ten (10) minutes are billed at \$50 per 15-minute increment for the additional time I spend communicating, collaborating, reading and/or responding.

Forms of Payment accepted include cash, personal checks, Visa, MasterCard, Discover, American Express, HSA or FSA cards. I will provide you with a detailed receipt of payment called a 'Superbill' upon request. A 'Superbill' receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks. You will be notified if credit card is denied or funds are not available; you are expected to make payment by entering a working card in my credit card processing system, IvyPay, within 24 hours of session to avoid \$30 late charge. See Professional Relationship section for court related fees.

By signing this agreement, you understand and agree to the following payment credit card processing:

- You agree that Essential Connections, LLC may make charges on your card through our credit card processing vendor without you being physically present.
- You agree to notify your therapist if you wish to change payment method or update payment information.
- You agree to keep an updated card through *IvyPay*, ensuring it has not expired and funds are available.

Your credit card will be prompted to be charged during or soon after each in-person or TeleMental Health interaction. If you are paying cash or check for face-to-face appointments, your credit card will not be charged. **Charges to your card will occur for any therapeutic interaction other than setting up appointments unless you are paying with cash or check.**

Insurance companies have many rules and requirements specific to certain plans. For example, most insurance companies will not cover therapy over the telephone, text, or email. Unless otherwise negotiated, it is your responsibility to find out your insurance company's benefits and policies, and to file for insurance reimbursement. As mentioned above, I 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. Sliding scale and advanced bulk rate discounts considered on a case by case basis upon request.

### **Cancellation Policy**

If you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the cost of the scheduled missed session (based on individual, family or negotiated hourly rate), and your credit card on file will be charged. Please note that insurance companies do not reimburse for missed sessions. If you are an established client and have seen me for at least 3 sessions, I allow for a one (1) time missed session forgiveness (missed or cancelled session with less than 24-

hours' notice) for which you will not be charged a missed session fee. If I must cancel a session for any reason, I will give you as much advanced notice as possible, and you will not be charged for the session.

**TeleMental Health and Technology Statement**

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 even though 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, I have completed specialized training in TeleMental Health that meet and exceed current standards. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

**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 me with that phone number, I may contact you on this line from my cell phone, typically regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations exceeding 5 minutes (other than our initial intake and just setting up appointments) are billed at my hourly rate.

**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, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed. Telephone conversations (other than just setting up appointments or quick check in) are not ideal, and frequent calls are a sign you may need to be scheduled more frequently. Telephone conversations beyond 5 minutes to are billed at my hourly rate. Additionally, I keep your phone number in my cell phone, but it is listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

**Text Messaging:**

I utilize a special text messaging software for your protection through my SimplePractice client portal. I have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the company 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 texting as part of your treatment, I encourage you

to use this software if you do not wish for others to have access to our communications. I will provide you with directions as to how to access this software. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., password protected). You also need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy. Additionally, any form of text messaging (other than setting up appointments and reminders) is billed at my hourly rate for the time I spend reading and responding to texts that take longer than five minutes to read and respond.

Text messaging through your standard cell phone texting application 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. However, I realize that many people prefer to text because it is a quick way to convey information. Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations and reminders. Please do not bring up any therapeutic content via cell phone text to prevent compromising your confidentiality. If you are in crisis, please do not communicate this to me via client portal or cell phone text because I may not see it in a timely manner. Instead, please see below under *"Emergency Procedures."*

**Email:**

I utilize a secure email platform that is hosted by Microsoft Office 365 Encryption/Security for your added protection. I have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the host company 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, I encourage you to also utilize encrypted software or documents for protection on your end. Otherwise, when you reply to one of my emails, everything you write in addition to what I have written to you (unless you remove it) will no longer be secure. My encrypted email service only works to send/receive information and does not govern what happens on your end. Please follow these directions to email me securely: Open a Word document, Click **File >Info > Protect Document > Encrypt with password**. Attach word document, double check my email address is correct, and send. Leave me a voice mail with your password.

I 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 (other than setting up appointments or reminders) is billed at my hourly rate for the time I spend reading and responding to them. If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely manner. Instead, please see below under *"Emergency Procedures."* Finally, you also need to know that I am required to keep a copy or summary of all email as part of your clinical record that address anything related to therapy.

**Google, Bing, etc.:**

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

**Social Media - Facebook, LinkedIn, Instagram, Twitter, Pinterest, Etc.:**

It is my policy not to accept "friend" or "connection" requests from any current or former client on my **personal** social networking sites such as Facebook, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship. Please refrain from contacting me using social media messaging systems such as Facebook Messenger or similar. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

I have an Essential Connections professional Facebook page and Linked In account. If you should choose to “follow” me on any of these professional pages or comment where I post therapeutic content, only do so if you are comfortable with the general public knowing your name is attached to Lisa Reid, LCSW/Essential Connections, LLC.

**Blogs:** I may post therapeutic content and other resources on my professional website/blog. If you have an interest in following my blog, please let me know so that we may discuss any potential implications to our relationship. However, please do so only if you are comfortable with the general public knowing your name is attached to mine. Once again, maintaining your confidentiality is a priority.

**Video Conferencing (VC):**

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. If we mutually agree to use VC with your therapy, you understand I use SimplePractice for my video conferencing platform. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that SimplePractice is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in securely to my virtual video waiting room through the client portal. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, once you are provided the secure access information, you are responsible for initiating the connection with me at the time of your appointment.

I 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.). You will be responsible for securing the privacy at your location in advance of the session. Special arrangements must be made in advance of any sessions and all instances for which you wish to have sessions while physically located anywhere outside of the State of Georgia. As per current laws, I can only provide sessions remotely while you are physically located within state lines. During a TeleMental Health Video Conference session, we 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 I have that phone number. If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call me. If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to *my* phone service, and we are not able to reconnect, I will not charge you for that session.

**Website/ Client Portal:**

I have a client portal, powered by SimplePractice, that is accessible through my website [www.essentialconnections.net](http://www.essentialconnections.net) or a link I can provide you. My website is secured and managed through the WordPress platform. My website and client portal are encrypted to the federal standard, HIPAA compatible, and I have Business Associate Agreements that attest to HIPAA compliance, and assume responsibility for keeping our interactions secure and your PHI confidential. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in securely. I also strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, antivirus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Additionally, through the client portal, you have the option of receiving text, voice, and/or email reminders of your appointments with me and/or billing information. You If you would like this service, please check the relevant option and what forms of communication you are comfortable exchanging information later in this document.

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

During your treatment, I may recommend that you visit certain websites for pertinent information or self-help, including my website portal. I 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've 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/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 I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

**Electronic Transfer of PHI for Billing Purposes**

If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically through SimplePractice for such billing purposes. This company 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. Additionally, if you insurance provider is billed, you will generally receive correspondence from your insurance company and receipts from me.

**Electronic Transfer of PHI for Certain Credit Card Transactions**

I utilize IvyPay as the company that processes your credit card information and transactions. Please know that IvyPay sends the credit card holder a text indicating that you used that credit card for my services, the date of service, date run and amount charged. IvyPay has signed a HIPAA BAA for confidentiality as well. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as IvyPay Products. Charges made before 5pm may be processed the same day.

**Your Responsibilities for Confidentiality with Technology Assisted Media and 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 face to face and TeleMental Health sessions or communications.

**Limitations of Electronic Communications with TeleMental Health Therapy Services**

TeleMental Health audio/video conferencing or phone services should not be viewed as a complete substitute for therapy conducted in my 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 video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my 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 I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I always invite you to keep our communication open to reduce any possible harm.

In-Person/Face to Face Requirement for TeleMental Health Audio/Video Sessions

Generally, I prefer to conduct psychotherapy and psychoeducational groups In-Person, face to face. However, if we agree that an electronic form of communication such as TeleMental Health services or phone calls are the **primary** way we choose to conduct sessions, **I generally require at least one face-to-face In-Person meeting at the onset of treatment.** I prefer for this initial meeting to take place in my therapy office. If that is not possible, we can utilize video conferencing as described above. During this initial session, I will require you to show a valid picture ID and another form of identity verification such a credit card in your name. **At the end of this document, you will also choose a password\*, phrase, or number which you will use to identify yourself in all future TeleMental Health sessions. This procedure prevents another person from posing as you.**

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 I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

**Communication Response Time**

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like enough support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I usually will return phone calls, texts, and/or email within 24 hours. However, I do not return calls or respond to emails on weekends or holidays generally; you should hear from me the following business day. 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, I encourage you not to wait for communication back from me, but do **one or more** of the following:

- Call Behavioral Health Link/ GCAL (Georgia Crisis Assistance Line): **(800) 715-4225** or other 24-hour crisis hotline in your area
- 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.
- Ask someone to drive you or go to the emergency room of your choice.

In Case of an Emergency – Audio/Video TeleMental Health Treatment:

If we decide to include Audio or Video TeleMental Health Conferencing as part of your treatment, there are additional procedures that we need to have in place specific to conduct TeleMental Health 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, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Either you or I will verify that your ECP is willing and able to go to your location in the event of an

emergency. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above.

- You agree to provide me of any changes to your Emergency Contact Person (ECP) and a current contact number.
- You agree to inform me of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform me 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 a TeleMental Health session).

**Emergency Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Consent to Use of Technology and TeleMental Health Services**

Please initial the electronic communication and/or TeleMental Health services you are authorizing me to utilize for your treatment or administrative purposes. Together, we 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 me 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 my practice, and I will be utilizing that technology unless otherwise negotiated by you.

You consent to the following forms of communication or TeleMental Health Services (Please **initial** any you wish to opt out from):

- Texting [ ] Opt out
- Email [ ] Opt out
- Phone calls [ ] Opt out
- Video Conferencing [ ] Opt out
- SimplePractice Client Portal [ ] Opt out
- Recommendations to Websites or Apps [ ] Opt out

❖ Choose a TeleMental Health Password, Phrase or Number (for Audio/Video): \_\_\_\_\_

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

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices.** Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you or identified family member.

Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents.

I am sincerely looking forward to facilitating you on your journey toward hope, healing and growth. If you have any questions about any part of this document, please ask.

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

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

\_\_\_\_\_  
Date

If Client is a minor or has a Legally Authorized Representative, BOTH parents\* or legal representative must print their name, sign and date below:

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

\_\_\_\_\_  
(1) Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(2) Other Parent/Legal Guardian's Name\* (Please Print)

\_\_\_\_\_  
(2) Other Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\*If parents are divorced, please provide your therapist with a copy of your legal divorce papers designating guardianship and custodial arrangements.

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.

\_\_\_\_\_  
**Lisa Reid, LCSW, Therapist's Signature**

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