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Informed Consent, Telehealth, and Fee Agreement

Psychotherapy Services

Psychotherapy is a collaborative process that might involve discussing personal, emotional, or psychological concerns. The goals, methods, and duration of treatment might change over time. Therapy might involve emotional discomfort and no specific outcomes are guaranteed.

Telehealth Services

Services might be provided via a secure, HIPAA-compliant telehealth platform. Telehealth might not be appropriate for all situations. Technical difficulties might occur. Clients are responsible for ensuring privacy. Telehealth is not appropriate for emergencies.

Electronic Communication

Electronic communication is used for scheduling, billing, and sharing forms. It is not appropriate for emergencies. Responses might take up to one to two business days. Electronic communication carries privacy risks and might become part of the clinical record.

Confidentiality

Information shared in therapy is confidential with legal exceptions including court orders, risk of harm to self or others, abuse or neglect.

Fee Agreement

Payment is due at the time of service unless otherwise arranged. I agree to be financially responsible for all fees associated with services provided, including copayments, deductibles, late cancellation or missed appointment fees. Unpaid balances might result in suspension of services or referral to collections as permitted by law.

Acknowledgment and Consent

☐ I have read and understand the information above
☐ I consent to psychotherapy services
☐ I consent to telehealth services
☐ I consent to electronic communication as described
☐ I agree to the fee agreement and payment policies

_____
Printed name

_____
Signature Date

_____
Witness printed name

_____
Witness signature Date