HOPE IN HOME COUNSELING, LLC

727-612-3343/ kathleen@hopeinhomecounseling.com

POLICY FOR VIDEO SESSIONS

By signing this form you have agreed to receive psychotherapy thru a secure video platform.

Video therapy has its advantages because we can do it anywhere, however it is imperative that we still maintain confidentiality.

Privacy- Please stay in a private place when we have an appointment.

I will be in a private place to protect your privacy.

I use the online platform VSee.com. This platform is confidential and HIPAA compliant. How this works: I will send you a link to VSee My Clinic. Once you enter the clinic, you may have to download the app and then you will enter the waiting room as a guest.

Paperwork- You will print and fill out my paperwork from my website hopeinhomecounseling.com You may scan or take a picture of the forms and send it to my confidential email kathleen@hopeinhomecounseling.com

Time- Our online session will last from 120 min. for an Initial session and 60 min. for a Follow up-session

Fees- The fee for Intake is $120.00 and follow up session $ 80.00.

Fees must be paid before a session appointment. Fees can be paid by a check you send prior to session or thru your credit/debit card. If you choose a card, I will send you paper to fill out to give me permission to use the card before our session.

If you choose check, I will have to receive check one day prior to session or we will reschedule the session.

Cancellations- My policy for cancellations is the same as if we were meeting face to face. I will confirm with you 24 hours prior.   If you do not enter the waiting room on VSee My Clinic within 15 minutes of a scheduled appointment, your card will be charged $50.00 or you will have to send in a $50.00 check for No Show fee. We will reschedule the appointment.

If you have a medical or mental health emergency call 911 or go to your nearest ER. If you have a question you may email or text me. Remember email is confidential, but texting is not.

I agree with the above information and understand my signature indicates my understanding.

Print Name_____

Signature_____   Date_____