

# Distance Counseling Agreement



The SUMMIT Therapy Center  
4419 Cleveland Rd, Wooster, OH 44691  
Ph: (330)345-8450 Fax: (330)345-581

Welcome to The SUMMIT Therapy Center. To begin our distance-counseling journey together, this packet will provide you with information on our procedures, the process of counseling, confidentiality, emergencies, and other details about your treatment. At any time during your treatment, please feel free to ask any clarifying questions.

## Client's participation: - Expectations of the client:

The client should:

- Avoid using mind altering substances prior to session
- Dress appropriately
- Hold the session in an appropriate room when attending a web-based session
- Not have anyone else in the room unless first discussed with the therapist
- Not conduct other activities while in session, such as driving, chores, etc.
- Not bring any weapons of any kind to session
- Not record sessions without first obtaining the provider's approval
- Be located within the states in which the clinician is licensed to practice.

**Confidentiality and Records:** All of your Protected Health Information (PHI) is kept for a minimum of 7 years. It is our professional and legal obligation to keep your PHI confidential, with some exceptions. Our Intake Form, which you are asked to sign, provides a detailed description about how private information regarding your health care is protected, and under what circumstances it may be shared.

Other than the exceptions listed on our Intake Form, your counselor and supervisor, will be the only people viewing your private information. All required safety measures available to us have been put into practice to keep your PHI secure and confidential, and they are regulated by the government.

In the event of death, retirement, or incapacity of your therapist, your records will be given to the PHI custodian who will be responsible for responding to any request of records you may have, and for safely destroying your records after the legal time frames for storing them have been satisfied. If you are a current client, the same records custodian will assist in providing appropriate referrals for further treatment,

If you make payments via credit card there is the possibility that you may receive an email receipt, and the payment will show on your billing statement.

The following information explains how your PHI is handled while you are receiving counseling, if you chose any of the following counseling modalities. Although it is not guaranteed that these methods will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of all clinical communications.

## **Face-to-face:**

Face-to-face sessions in the office are provided behind a closed door. Your scheduling and billing information is stored at Open Practice Solutions, which is HIPAA compliant and uses point-to-point, federally approved, encryption.

The only information of yours that is stored on any electronic device is your phone number (on therapist's phone), and your email address (on your therapist's computer) if you have emailed them. All of our computers are password protected. Any paper with your personal information is kept in a locked cabinet behind a locked door.

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**Email:** All email correspondences done through commercial providers are not secure. Please use caution when emailing sensitive information to your therapist.

**Video Conferencing:** All video conferencing correspondences will be done through Zoom, which is encrypted to the federal standard.

**Client's Responsibilities/Client's Protection:** If you use any other methods of electronic communication, there is a reasonable chance that a third party may be able to intercept that communication. With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. You are encouraged to only communicate through a computer -- or any other device that you know is safe and follows all reasonable safety measures. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology you use. Please contact your therapist with any questions that you may have on privacy measures.

## **Contact Information:**

When you need to contact your therapist for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone at **330-345-8450**. You can leave a confidential voice mail for your therapist any time 24/7.
- By email at your therapist's [firstname@SummitTherapyCenter.com](mailto:firstname@SummitTherapyCenter.com)

Please refrain from making contact using any social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and will not be monitored for important messages from clients.

Please refrain from creating reviews of services online. Online reviews are for the public to see and therefore they would put your confidentiality at risk.

Any text-based communication may become part of your record.

## **Response Time:**

Response times to your messages and phone calls may vary. For voicemails and other messages, you can expect a response within 24 hours on weekdays, and 72 hours on weekends. Be aware that there may be times when your therapist is unable to receive or respond to messages, such as when out of cellular range, or out of town.

## **Emergency Contact:**

If you are ever experiencing a mental health crisis, please call **911** or **988**. Or go to your nearest emergency room.

## **Couples Counseling:**

During any couples counseling you might receive, your therapist will have you and your spouse sign a release of information so all communication can be shared.

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### Cost of Sessions:

The cost of your session is based on the counseling modality used and the insurance provider that you have. Some insurance providers offer reimbursement for distance counseling, and some do not. It is your responsibility to contact your insurance provider to determine their rate of reimbursement and your copay amount.

You, the client, are responsible for the cost of any technology at your location, such as a computer, device, phone, phone call charges, software, and headset.

You are responsible to pay any copayment and/or deductible at the time of your counseling session. You are also responsible for any payments which your insurance provider does not reimburse.

If you have insurance that your therapist is not in network with, we can provide you with an invoice and receipt for you to give to your insurance company for possible reimbursement.

Cash, personal checks, and all major credit cards are acceptable for payment. There is a \$30.00 fee for any returned checks.

By not canceling your appointment as stated in our cancellation policy, you are agreeing to pay the price of your session.

The fee for documentation requested and/or appearing in court depends on the specific request and should be discussed with your therapist in advance.

### **Video conference counseling sessions:**

These are available after consultation with your therapist. It is recommended that you sign on to your account at least five minutes prior to your session start time. You will receive an email link once your appointment has been scheduled. You are responsible for initiating the connection with your therapist at the time of your session.

Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens, it is important to assume that your therapist has positive regard for you and to check out your assumptions. This will reduce any unnecessary hardship.

### **Limitations of Distance Counseling:**

Distance counseling should not be viewed as a substitute for face-to-face counseling. It is an alternative form of counseling with certain limitations,

By signing this document, you agree that you understand that distance counseling:

- May lack of visual and/or audio cues, which may cause misunderstanding.
- May have disruptions in the service and quality of the technology used.
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.
- When using email, chat, or texting, there might be a delay in your counselor receiving your message or they might not ever receive it.

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## Emergency Management for Distance Counseling:

So that your therapist is able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform your therapist of the location in which you will consistently be during our sessions, and will inform your therapist if this location changes.
- You, the client, will identify on your client information form a person with whom your therapist is allowed to contact in the case you are at risk.
- Depending on an assessment of risk, you the client or your therapist may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency. If deemed necessary, call **911** and/or transport you to a hospital. In addition, a therapist may assess and therefore require that you create a safe environment at your location during the entire time that you are in treatment. This may mean disposing of all firearms and excess medication from your location.

## Backup Plan in Case of Technology Failure:

The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your therapist knows your phone number.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, your therapist will call you on the phone number you have provided. If you are unable to complete a session as a result of your therapist's phone or internet service, you will not be charged for the session.

The signatures below indicate that you and your therapist have discussed the terms of telemental health services and that you agree.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date