



**ZOE THERAPY SERVICES**

**8100 Three Chopt Rd, Suite 133**

**Richmond, VA 23229**

## **Informed Consent**

### **Client-Clinician Service Agreement**

Welcome to **Zoe Therapy Services**. This document contains important information about our professional services and business policies. It also contains summary information about the [Health Insurance Portability and Accountability Act](#) (HIPAA), a federal law that provides privacy protections and [patient rights](#) about the use and disclosure of your [Protected Health Information](#) (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your Clinician, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### **Goals of Counseling**

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The Clinician may make suggestions on how to reach that goal but you decide where you want to go.

### **Risks/Benefits of Counseling**

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes

make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

## Emergency Contact Information

In the event of an emergency, I consent for this Clinician to contact the following friend/family member:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

By signing this form, I affirm that the address and phone number given for myself are accurate and that I will update my Clinician in the event of changes to my address or phone number.

## Appointments

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. **If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay \$75 for the session [unless we both agree that you were unable to attend due to circumstances beyond your control].** It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## Confidentiality

Your Clinician will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to [confidentiality](#) to which you need to be aware. Your Clinician may consult with another professional Clinician in order to give you the best service. In the event that your Clinician consults with another Clinician, no identifying information such as your name would be released without your written permission. **Clinicians are required by law to release information when the client poses an imminent risk to themselves or others and in cases of abuse to children or the elderly. If your Clinician receives a [court order](#) or subpoena, she may be required to release some information.** In such a case, your Clinician will consult with other professionals and limit the release to only what is necessary by law.

## **Confidentiality and Group Therapy**

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your Clinician cannot guarantee that other group members will maintain your confidentiality. However, your Clinician will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. Your Clinician also has the right to remove any group member from the group should she discover that a group member has violated the confidentiality rule.

## **Confidentiality and Technology**

Some clients may choose to use technology in place of or as an adjunct to their counseling sessions. This includes but is not limited to online counseling, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your Clinician will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. Should you have concerns about the safety of your email, your Clinician can arrange to encrypt email communication with you.

## **Social Media**

Your Clinician does not accept friend or contact requests from current or former clients on any social networking site out of respect for your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

It is NOT a regular part of your Clinician's practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If your Clinician has a reason to suspect that you are in danger and you have not been in touch with him/her via usual means there might be an instance in which using a search engine becomes necessary as part of ensuring your welfare. If your Clinician ever resorts to such means, he/she will fully document it and discuss it with you at the next opportunity.

You will never be asked for a testimonial, rating or endorsement for any reason. Due to confidentiality, your Clinician cannot respond to any reviews, positive or negative, online.

## **Record Keeping**

Your Clinician will keep records of your in-person or tele-counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to

your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on an encrypted remote server or in a paper file and stored in a locked cabinet in the Clinician's office.

## **Professional Fees**

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by charge, check or cash. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

Fees are non-negotiable. To receive sliding scale fees, you must present proof of income through recent pay stubs or tax forms. Fees are subject to change at Clinician's discretion.

### **Fee Schedule**

#### Services Usually Covered by Insurance

90791 psychiatric diagnostic evaluation (Intake) – \$135

90834 psychotherapy 45 minutes – \$70

90837 psychotherapy 60 minutes – \$90

90846 family psychotherapy without the patient present – \$90

90853 group therapy 90 to 120 minutes – \$80

#### Services Not Covered by Insurance

**\*\*\*Cancellation of scheduled appointments requires a minimum of 24hours notice or you will be charged \$75**

Court appearance and Testimony - \$250 per hour (min. 3 hrs including travel time), Depositions and Evaluations, Reports and Related Correspondence

Correspondence (Letters) or Reports -\$50

Copy of Records - \$35

## **Non-emergency phone calls, texts or emails requiring more than 5 minutes, pro-rated in minutes - \$90**

There will be a charge of \$50.00 for any check returned by the bank.

**Sliding Scale-** please discuss with your Clinician as needed

## **Insurance**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, we will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting Zoe Therapy Services know if/when your coverage changes.

**You should also be aware that most insurance companies require you to authorize your Clinician to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.**

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by charge, check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

If your Clinician is not a participating provider for your insurance plan, Zoe Therapy Services will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, your Clinician will refer you to a colleague.

## **Contacting Me**

Your Clinician is often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned within 24 hours for non-urgent matters. **If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.** Non-emergency phone calls, texts or emails requiring more than 5 minutes of Clinician's time over the course of a week are charged \$90/hour pro-rated in minutes. **Do not contact your Clinician via social networking sites, email or text in an emergency situation.**

## Email

Clinician may request client's email address. Client has the right to refuse to divulge email address. Email, computers, texts, and e-fax may not be completely secure and confidential. **Zoe Therapy Services ensures that all devices used are equipped with a firewall, virus protection and passwords.**

When phone, email or text is used as an adjunct to therapy, please be informed that all correspondence will become part of the medical record.

Clinician may use email addresses to periodically check in with clients who have ended therapy suddenly. Clinician may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. Clinician may have a blog and if this is appropriate for the client, Clinician may send information through email about subscribing to the blog or information related to mental health and wellness.

If you would like to receive any correspondence through email, please write your email address here \_\_\_\_\_.

If you would like to opt out of email correspondence, please check here \_\_\_\_\_.

## Identity Verification

Whether you are receiving services in person or via online video, email or text, we will attempt to verify your identity. For email or text, we will assign a password: \_\_\_\_\_

Reasonable attempts to verify patients identity were made. \_\_\_\_yes      \_\_\_\_no

If yes, how?    \_\_\_\_Driver's License      \_\_\_\_Insurance Card      \_\_\_\_other

## Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

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