

### Informed consent for psychotherapy/ medication services

The therapeutic relationship is unique in that it is highly personal and, at the same time, a contractual agreement. Given this, it is crucial for us to reach a clear understanding of how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with us.

### The Therapeutic Process: Risks and Benefits

You have taken a positive step by deciding to seek therapy and or be evaluated for medications. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on intense feelings of anger, depression, anxiety, etc. Therapy often leads to better relationships and solutions to specific problems, but there are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our best to understand you and your repeating patterns, as well as to help you clarify what you want for yourself.

### Confidentiality

We take patient/client confidentiality seriously, and we will comply with all applicable federal, state, and local laws, rules, and regulations regarding patient/client confidentiality. Please refer to the Notice of Privacy Practices for more specific information.

### Minors

During our treatment of your minor child, we may meet with the child's parents/guardians either separately or together. Please be aware, however, that, always, our patient is a minor child.

If we meet with you or other family members during your child's treatment, we will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

### Mandatory Disclosures of Treatment Information

In some situations, we are required by law or by the guidelines of our profession to disclose information, whether or not we have your or your child's permission. We have listed some of these situations below (please see our Notice of Privacy Practices for additional information).

### Patient Confidentiality will not Apply in the Following Situations:

- If your minor child tells us they plan to cause serious harm or death to themselves or others, and we believe they have the intent and ability to carry out this threat in the very near future. We must take steps to inform a parent or guardian, other individuals (including the potential target of the threatened harm), and potentially the police regarding what the child has told us and how serious we believe this threat to be and to try to prevent potential harm.
- If your minor child patients tell us, or we otherwise learn, that the child is being neglected or abused—physically, sexually, or emotionally—or that it appears that they have been neglected or abused in the past, or we have a reasonable suspicion that any of the above may be occurring or has occurred in the past. In this situation, we are required by law to report the alleged abuse to the appropriate child protective agency.
- If we are ordered by a court to disclose information.

### Appointments and Cancellations:

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for a \$99 fee if cancellation is less than 24 hours.

YOU are responsible for knowing what your health insurance covers and what your cost (deductible, copay, etc.) is, and if your insurance provider does not cover services or denies coverage for any reason, you are responsible for the FULL FEE of the treatment provided.

If you provide a credit card to us, then you AUTHORIZE us to charge such a credit card if another form of payment is not received in a timely manner. You can request a receipt be mailed to you. You acknowledge that the charge will appear on your credit card statement. No prior notification will be provided, and if you contest this charge, you will be responsible for the associated charges.

The standard meeting time for psychotherapy is 53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53-minute session need to be discussed with the therapist for time to be scheduled in advance. Diagnostic evaluation by one of our medical providers is a 55-minute appointment. Follow-up appointments can vary from 15-45 minutes depending on the complexity of the patient's situation and medications or crisis.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled sessions will be subject to a 99\$ fee if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. If you provided us with a credit card, we may charge this fee to your card without prior notification. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

#### Telephone Accessibility:

If you need to contact us between sessions, please leave a message in our voicemail. We are often not immediately available; however, we will attempt to return your call within 24 hours. If an actual emergency arises and you are not safe, please call 911 or any local emergency room.

#### Social Media and Telecommunication:

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please let them know when we meet so we can talk more about it.

#### Electronic Communication:

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail, are considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist choose to use information technology for some or all your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Possible benefits include but are not limited to, improved communication capabilities, convenient access to up-to-date information, consultations, and support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the therapist gathers a multitude of observations, information, and experiences about the client within a session or a series of sessions. Therapists may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations but also on direct visual and olfactory observations, information, and experiences. When using information technology in therapy/medication services, potential risks include but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition, including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, essential grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information that you may not recognize as significant to present verbally to the therapist.

#### Sharing of Personal Information:

We do not share, sell, or disclose your personal information or mobile opt-in data to third parties without your explicit consent, except where required by law. Your information is kept confidential and used solely for the purposes you have agreed to. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with third parties. Text messaging opt-in data is not being shared with third parties.

#### Opting Out of Text Messages:

You have the right to opt out of receiving text messages from Life Support LLC at any time. To opt-out, you can reply "STOP" to any text message you receive from us.

#### Consent and Opt-In:

By providing your phone number and opting in to receive text messages, you consent to the collection and use of your personal information as described in this policy. We ensure that your consent is obtained explicitly and that you are informed about the types of messages you will receive.

#### Cameras:

The camera in the waiting room is for Clinicians to monitor the arrival of clients for appointments, as there is no receptionist. There are cameras in the parking lot and the front door for the safety of the Therapist and the Clients to be able to monitor who is coming and going.

#### Termination:

Ending relationships can be complex. Therefore, it is essential to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after a proper discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists/prescribers to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

#### Your Acknowledgement and Consent to Receive Services:

I understand the nature of the services to be provided. I certify that I am 18 years of age or older, an emancipated minor, or the parent or guardian of the minor receiving treatment and that I have read this form, or it was read to me. I understand how to obtain records of the services provided, and I know that records may be sent to my other healthcare providers upon their request. I understand and acknowledge that I have been provided information regarding fees associated with the services and how payment for services is to be made.

I voluntarily consent to receive the services described above. I understand and agree that no oral or written representations, guarantees, or warranties have been made to me by Life Support, LLC regarding the services to be provided or the outcome of using the services. If I receive remote telehealth services, I understand that telehealth will involve the use of electronic information and communication technology by a healthcare provider to deliver services to me while I am located at a different site than the provider. I consent to Life Support, LLC providing services to me via telehealth. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. I know that I have the right to withhold or withdraw my consent for any treatment, including the use of telehealth, during my care at any time, without affecting my right to receive future care or treatment should I wish to start a new course of treatment. I may revoke my consent orally or in writing, at any time, by contacting Life Support, LLC regarding my decision to withdraw consent.

If you have any question please contact [information@lifesupportllc.info](mailto:information@lifesupportllc.info) or call 616-426-9401