

Janice Maurer, MA, LMFT, #99155
Licensed Marriage & Family Therapist
INFORMED CONSENT FOR TELETHERAPY SERVICES

This document contains important information about professional services and business policies related to the psychotherapy Janice Maurer, LMFT delivers. Please read it carefully and note any questions you might have. When you sign this document, it will represent an agreement between you and your therapist, Janice Maurer, LMFT.

Your Rights as a Client

You have the right to ask questions about any procedures or therapeutic approaches utilized in therapy. If you have any questions about the therapeutic approach and/or interventions during the course of therapy, their possible risks, the therapist's expertise in employing them, or about the treatment plan, please feel comfortable to ask and your therapist will work to provide necessary information and clarity.

You have the right to decide at any time not to receive therapy from myself. If you wish, I can provide you with the names of other qualified professionals whose services you might prefer.

You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued.

Informed Consent

Psychotherapy can have benefits and risks. As with most other forms of treatment, results cannot be guaranteed.

Participation in therapy can result in a number of benefits to you, including increased insight into your patterns of feeling, thinking, behaving, and relating to others; improvement in your relationships; resolution of traumatic experiences and loss, and transformation of maladaptive emotions that result in improvement in symptoms of distress.

Benefits to therapy require openness on the part of the therapy client. This can be done in your timing and when you feel ready. Benefits also require consistent attendance in therapy and doing the therapeutic work both in and outside of the therapy sessions.

Since evaluation and/or therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. When these feelings come up, it is important to talk to your therapist about them. They may be a natural, tolerable, and expected reaction to your work in psychotherapy. Other times it may be necessary or preferable to change the pace of your therapeutic work if the feelings are too uncomfortable. Or, if the treatment is not helping it is important to talk about other treatment options with your therapist.

_____ Client Initials _____ Client Initials

Discussion of Treatment Plan

Your initial session will involve an evaluation of your needs, including hopes, expectations, and goals. You and your therapist will work together to reach a shared understanding of what support and therapeutic modalities are most beneficial to you; including specific goals you would like to reach.

Therapy may also involve recommendations or referrals to additional services that support your wellness. In some cases, treatments such as medical evaluation and other adjunct services are vital and central to your well-being, that your therapist may be unable to ethically continue providing therapy without your concurrent treatment with such providers. Failing to follow these recommendations may result in impaired treatment progress, suicidal thoughts or actions, deteriorating medical condition, and termination of treatment with this therapist. Most often, however, these are recommendations, not requirements.

Limitations of Online Psychotherapy

Telephone, chat, and video sessions have limitations compared to in-person sessions. It is important to consider if those limitations may impact your therapeutic progress and select an in-person provider if so. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

Online psychotherapy providers, like many in-person providers, do not provide 24-hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. Should your therapist determine that you are at risk, she may call local police to assess your safety in person.

Janice Maurer, LMFT follows the laws and professional regulations of the State of California, where licensed, and the counseling sessions will be considered to take place in the state in which she is licensed.

CONFIDENTIALITY

Confidentiality is the cornerstone of psychotherapy and psychological services. Your verbal and written communication with your therapist is held in the strictest confidence and will only be disclosed to other parties with your written authorization.

Exceptions to this confidentiality include your presentation of imminent danger to self or others; knowledge of suspected child abuse, neglect, or abandonment; knowledge of suspected elder or dependent adult abuse, neglect, abandonment, or exploitation; or by a court order signed by a Judge (a subpoena alone will not result in disclosure). Additionally, communication with your therapist via any online or electronic means (e.g. email, text, video chat) is limited in

_____ Client Initials _____ Client Initials

security and thus your confidentiality may not be guaranteed. In the event of an injury, illness, or other unexpected emergency situation that results in your therapist becoming unavailable, your basic contact information (name and contact number or email) may be provided to a fellow therapist. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Considering all of the above exclusions, if it is still appropriate, upon your request, your therapist will release information to any agency/person you specify unless she concludes that releasing such information might be harmful in any way.

Confidentiality of Email, Chat, Cell Phone, Video, and Fax Communication

Simple Practice is an online platform that is HIPAA compliant and secure. By signing this document, you agree to work with Simple Practice video services determined to be suitable by Simple Practice. If you choose to use your email account to communicate, please limit the content to administrative issues such as scheduling and contact information to protect your confidentiality. If you call, please be aware that unless we are both on landline phones, the conversation is not confidential. Likewise, text messages cannot be guaranteed to be confidential. If you are working online, we ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. You are encouraged to communicate through a computer that you know is safe. Be sure to fully exit all online counseling sessions and emails before leaving your computer.

Janice Maurer, LMFT will never acknowledge working therapeutically with anyone without his or her written authorization. In some instances, even with permission, your therapist may choose to preserve the integrity of the therapeutic relationship. For this reason, your therapist will not accept any invitations via social networking nor will she respond to blogs written by clients. Your therapist will not build a relationship with you outside of sessions, which means that outside of session communications will be limited to scheduling, forms, and resource purposes.

Fees

Janice Maurer, LMFT has disclosed to you her rates for psychotherapy services, at \$120 per 50-minute session. At times, couples will request lengthier sessions, to which Janice Maurer, LMFT can provide 75-minute sessions at the rate of \$165.00 per session. Please be advised that any contact outside of our scheduled sessions will be billed at the agreed upon rate, pro-rated, for time accrued after 10 minutes.

If you become involved in legal proceedings that require the participation of Janice Maurer, LMFT, you will be expected to pay for all professional time even if your therapist is to testify for another party. Because of the labor intensity of legal involvement, your therapist charges the

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hourly rate of \$200 for preparation, driving time, and attendance at any legal proceeding. Please take note of your agreement to avoid involving your therapist in legal proceedings (below).

Billing and Payments

You will be expected to pay-in-full for each session immediately after the session. Payment of other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, Janice Maurer, LMFT may be willing to negotiate a fee adjustment or a payment installation plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Janice Maurer, LMFT has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature and dates of services provided, and the amount due.

Appointment Cancellations and "No Shows"

If you wish to cancel or reschedule an appointment, please notify your therapist at least 24 hours prior to the scheduled appointment. Janice Maurer, LMFT reserves the right to charge the agreed upon rate for late cancellations and no shows.

Contact Information and Guidelines

Janice Maurer, LMFT can be contacted via telephone or email during normal business hours. Your therapist is often not immediately available. Your call will be returned as soon as possible.

If you are ever experiencing a life-threatening or harm-producing emergency, please contact 911 or go to your nearest hospital emergency room.

Janice Maurer, LMFT does not generally communicate via text with clients. Occasionally, scheduling issues or basic procedural issues may be discussed over text that is the preferred method by the client and the limits of confidentiality are understood. Email is also acceptable to discuss scheduling or to transfer documents when mutually agreed upon. However, client communications regarding clinical issues or concerns via email or texting should be avoided as the delivery of any electronic communication can be intercepted, misdirected, or delayed.

Termination of Therapy

Both the therapist and client have the right to end counseling services at any time.

Therapy is best ended with a process of termination and a scheduled final appointment. This will allow you to review therapeutic gains achieved during treatment; develop a plan of action to maintain those gains; identify what other services or activities may still be needed; and to

_____ Client Initials _____ Client Initials

process any emotions that may exist regarding the ending of the therapeutic relationship. If you decide to end therapy without engaging in the process of termination by not scheduling appointments or by not returning at least two telephone calls, it will be assumed that you are no longer a client of your therapist and you are, therefore, discharged from the therapist's care.

Litigation Concerns/Potential

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce or custody disputes, injures, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

Clean and Sober Policy

Janice Maurer, LMFT requests that you attend your counseling sessions at least 24 hours clean and sober. This is to guarantee the best work can be accomplished with a clear mind.

Fee Acknowledgement and Agreement

The undersigned, by providing his/her signature in the space below agrees to accept the therapy services provided by Janice Maurer, LMFT in accordance with and pursuant to the terms and conditions set forth herein.

Credit Card Authorization

The undersigned hereby authorizes Janice Maurer, LMFT to charge my credit card (provided below) for the amount of any balance remaining at the end of each counseling session.

A current credit card number must be on file at all times, regardless of your preferred method of payment. Your card will not be charged if you choose to pay by check or cash at the time your payment is due. If credit is your preferred method of payment, your card will be charged at the time of each session.

Please inquire about anything that is not clear prior to signing the cred card authorization section of this form. Missed sessions or sessions not cancelled at least 24 hours in advance will be charged to your credit card at the regular therapy rate. If a charge is not honored, you agree to be responsible for all associated fees. If you later reverse an authorized and legitimate charge, you are responsible for fees associated with the chargeback.

Charges on your credit card statement will appear as: Janice Maurer, LMFT

_____ Client Initials _____ Client Initials

Credit Card used: VISA MASTERCARD AMERICAN EXPRESS DISCOVER CARD

NAME (as it appears on card): _____

Credit Card Number: _____

Exp. Date _____ Security Code: _____ Billing Zip Code _____

With my signature, I certify that I am an authorized signer on the above credit card account. I authorize Janice Maurer, LMFT to make charges to my credit card for counseling services rendered. I agree to the credit card terms set forth above.

AGREEMENT

Your signature indicates you have read this contract; that you understand all that it contains; that you agree to abide by its terms; and that you voluntarily consent to treatment.

1) Name (Print): _____

Signature: _____ Date _____

2) Name (Print): _____

Signature: _____ Date _____

Consent for Transmission of Protected Health Information by Non-Secure Means

Please initial next to each item you consent to. I consent to allow Janice Maurer, LMFT to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- ___ Information related to the scheduling of sessions or other contact
- ___ Information related to billing and payment
- ___ Forms/documents and other resources

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means.

Signature of Client _____ Date _____

Signature of Therapist _____ Date _____

____ Client Initials _____ Client Initials