

The Key Counseling Services of SA

4230 Gardendale Suite 502 San Antonio, TX 78229 · 210.460.0442

License: 202002

CONSENT FORM FOR PHONE/ONLINE TREATMENT

Please read this consent form carefully, as it describes the policies and procedures of phone/online therapy.

Patient Name:

Date/Time:

Confidentiality:

Confidentiality means that Lavelda Naylor and The Key Counseling Services of SA has a responsibility to protect your identity as an adult client and safeguard information obtained during treatment in accordance with the laws of the state of Texas. There are exceptions to confidentiality. The following are cases in which confidentiality must or may be breached:

- *Cases of suspected abuse/neglect of children (0-18 years) handicapped or elderly persons (65+ years)
- *Cases of potential harm to self or others
- *Cases in which a client brings suit against a mental health care professional
- *Cases involved in criminal proceedings (if not voluntarily participant in a substance abuse program)
- *Cases involving legal proceedings affecting parent-child relations
- *Cases involving a minor; minors are excluded from confidentiality such that mental health care professionals may advise parents, managing conservatorship, or guardians, with or without minor's consent
- * Every effort will be made to keep what is discussed on the phone or online confidential; however, these delivery formats limit guarantees of confidentiality in that little is known about the potential for information theft using these technologies for therapy. You are encouraged to only communicate in privacy and through a computer and/or phone that you know is safe, i.e. wherein confidentiality can be ensured and be sure to fully exit all online sessions.

As an adult client, you have a right to your health records and if you wish to have a copy of record, you may submit a release of information naming yourself, another person, or an agency as the recipient of record. This release states that you have obtained a copy of record of treatment and take personal responsibility for safeguarding released information and your client identity. On this form you may specify what information is to be released, including all your records, or limited to attendance, etc. All adults involved in the records must sign the release of information for record access to be permitted.

All client records are stored online in a cloud server and are password protected. A hard copy of signed documents may be kept and stored under lock and key in an undisclosed location.

I have read and understand this section: (required) Yes No

Benefits and Risks of Treatment:

Being in treatment gives you a chance to talk things out fully in a setting that is confidential and respectful. Clients in therapy may grow in many directions and important potential benefits of treatment are the resolution of concerns and improved functioning. Other possible benefits are:

- *Improved coping and communication skills
- *Greater clarity about personal goals and values
- *More satisfaction from social and family relationships
- *Greater ability to simply enjoy being alive

There are some risks associated with treatment: you may experience a variety of negative emotions during treatment as your recall and attempt to resolve unpleasant life events. You may also experience discomfort in your systems (family, work, etc.) as some changes that occur in treatment may not have been anticipated or originally intended. The biggest risk is that treatment alone may not resolve your concerns. In this case, referrals may be made as deemed appropriate or necessary. Other risks include:

- *Sometimes it gets worse before it gets better
- *Increased awareness can heighten both positive and negative emotional states
- *People you care about may not be comfortable with the changes you wish to make
- *Some people in your community may mistakenly view anyone in therapy as weak
- *There is always a chance that you will see no difference after treatment

It is important to understand that while phone and videoconferencing therapy is similar to in-person treatment, it does have special limitations, among those being reduced body language information, technology skill requirements, and technology disruptions. As you consider the benefits and risks of treatment, it may be helpful to know a bit more about treatment here at The Key. First, we will focus on several aspects of functioning I find essential to the therapeutic process and personal wellbeing regardless of specific concerns. Unfortunately they are often the first areas of life to suffer when we experience trouble in our lives, they are:

- *Quality of Life
- *Conflict Management
- *Stress Levels
- *Coping Skills

In addition to these core areas of wellbeing, we will work on an individualized treatment plan that focuses on the issues and concerns you bring to treatment. We will identify problems, set goals, and make a plan of how we will get where you want to go. Along the way, we will evaluate progress with Session Rating Scales, Outcome Rating Scales, and treatment plan updates and revisions. For a more comprehensive view on what you can expect from treatment, visit www.laveldanaylor.com

I have read and understand this section. (required) Yes No

Health Insurance Portability and Accountability Act (HIPPA): Lavelda Naylor and The Key Counseling Services of SA are required by law to protect the privacy of your health information. Although your treatment record is the physical property of Lavelda Naylor and The Key, your health care records belong to you. You have the right to:

- * Request a restriction on certain uses and disclosure of your information
- * Inspect and obtain a copy of your treatment
- * Amend your treatment record as provided by regulation

- *Obtain an accounting of disclosures of your health information as provided by law
- *Request communications of your health care information by alternative means or locations
- *Revoke your authorization to use or disclose your treatment information except to the extent that action has already been taken

I have read and understand this section: (required) Yes No

Emergency Procedures:

If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

I have read and understand this section: (required) Yes No

Licensing Information

I am a Licensed Marriage and Family Therapist Associate, or LMFTA, which means I am licensed by the Texas State Board of Examiners of Marriage and Family Therapists. My License Number is 202002. If at any time you wish to verify my license or make a complaint, please contact my governing board:

Texas State Board of Examiners of Marriage and Family Therapists
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin , Texas 78714-9347

E-mail: mft@dshs.state.tx.us
Telephone: (512) 834-6657
Fax: (512) 834-6677

Website: <http://www.dshs.state.tx.us/mft/>

I have read and understood this section: (required) Yes No

Payment for Services:

Payments for services must be made prior to the time of each phone or online session. You may make payments via Paypal or over the phone with a credit card, or mail a check for services 1 week before scheduled treatment. Clients will be billed \$25.00 if you miss an appointment without providing at least 12 hours notice--if you are not available at the scheduled time, you will be contacted again 15 minutes after the scheduled time and if still not available, a no show is charged in most cases. There is a \$35.00 service fee for all returned checks and NSF credit card transactions.

Technology is convenient but often involves some difficulties, such as hardware and software issues and Internet problems. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, an email will be sent to you to schedule a new session time, with no additional costs for that session.

Agreed upon hourly rate:

(required)

Please include Credit Card Number, Expiration Date (00/00/00), CV (last 3 digits on back of card), and cardholder signature agreeing to these terms. No charges will be made to the card that are not expressly outlined in this section and invoiced to the customer through the client portal.

I have a credit or debit card: (required) Yes No

Credit Card Type: (required) *Choose all that apply*

MC Visa

Credit Card Number

(required)

Name on Card: (required)

Expiration Date and CV Number (00/00/00, 000) (required)

By signing here I agree to the terms and conditions of consent for treatment. Please print your name, sign and date: (required)